



# **THE HEALTH OF PRESTON 1972**

Annual report of the  
Medical Officer of Health  
Principal School Medical Officer  
Port Medical Officer



# **COUNTY BOROUGH AND PORT OF PRESTON**

## **ANNUAL REPORT 1972**

of the  
Medical Officer of Health  
Principal School Medical Officer  
Port Medical Officer



# Annual Report 1972

## Table of Contents

	PAGE
1. Introduction .. .. .	5
2. Committees .. .. .	9
3. Staff .. .. .	10
4. Statistics and Social Conditions of Area .. .. .	16-25
Births .. .. .	16
Deaths .. .. .	16
Infant Deaths .. .. .	17
Abused Children .. .. .	21
Employment .. .. .	26
5. Personal Health Services .. .. .	27-42
Midwifery .. .. .	27
Health Visiting .. .. .	28
Community Nursing .. .. .	29
Child Health Services .. .. .	30
Cervical Cytology .. .. .	31
Chiropody .. .. .	31
Ambulance .. .. .	31
Preston Executive Council .. .. .	32
Cremation .. .. .	34
6. Epidemiology .. .. .	43-48
Notifiable Diseases .. .. .	43
Tuberculosis .. .. .	43
Sexually Transmitted Diseases .. .. .	46
Immunisation .. .. .	46
7. Environmental Health .. .. .	49-55
Housing .. .. .	49
Food and Drugs .. .. .	55
Atmospheric Pollution .. .. .	60
Office, Shops and Railway Premises Act 1963 .. .. .	62
Public Health Acts and Allied Legislation .. .. .	67
8. Port Health .. .. .	70-79
9. Health Education .. .. .	80
10. School Health Service .. .. .	81-97



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## Introduction

“Twas a dangerous cliff as they freely confessed  
 Though to walk near its crest was so pleasant,  
 But over its terrible edge there had slipped  
 A duke and full many a peasant;  
 So the people said something would have to be done,  
 But their projects did not at all tally,  
 Some said ‘Put a fence round the edge of the cliff’  
 Some ‘An ambulance down in the valley’.”

Joseph Malines: “Prevention and Cure”

Preventive medicine is about putting up fences; and having got them up, making sure they stay up.

In Britain, infectious disease in childhood has lost its menace. This is due to current immunisation practice which now includes Diphtheria, Poliomyelitis, Whooping Cough, Tetanus, Measles, German Measles and Tuberculosis, but should immunisation fail to be adhered to, these infectious diseases will re-appear.

The price of freedom from these diseases is adequate immunisation against them. There is no other method known to medical science at the present time; let there be no mistake about that. Confirmation of this medical truth has unhappily occurred on our own doorstep. Here in Lancashire within the past few years in two separate urban communities where immunisation programmes were not adequately adhered to, outbreaks of Diphtheria and Poliomyelitis have occurred. In the light of this, it may come as a surprise to learn that during the year 1972 more than one third of Preston’s children due for immunisation against Diphtheria and Poliomyelitis were not immunised. Incredible but true!

What is the explanation for this sad state of affairs? The vast majority of defaulting parents are good people, who care for their offspring and would do anything for their welfare; anything that is except have them immunised against two of the deadliest diseases of childhood! The parents of today belong to a generation which has not witnessed the ravages of these diseases. There is a feeling abroad that they are gone—never to return. They are not altogether convinced of the necessity for immunisation. Our task is to convince them in no uncertain fashion that immunisation against the infectious fevers of childhood is vital.

\* \* \*

“Hope, like the gleaming taper’s light,  
 Adorns and cheers our way;  
 And still, as darker grows the night  
 Emits a brighter ray.”

Oliver Goldsmith: “The Captivity”

In the Gaelic language, hope and courage are the same word. This hope/courage complex is one of the forces by which human beings overcome malignant disease.

Our service for the early diagnosis of cancer of the cervix eventually got off the ground way back in 1966. That it did so, was largely due to the efforts of Councillor



Mrs. Catherine Sharples (presently Mayor of Preston). It has proved to be a tremendous success. Much greater benefit has arisen from this service than could have been foreseen at the time. Early malignant disease of the cervix remains quiescent usually for several years before it becomes invasive. If detected at this early stage, and treated promptly and effectively, the cure rate approaches 100%. This reality apart, it is arguable that an even greater benefit of the service, has been the discovery of disease never even suspected and usually requiring a surgical operation. In this respect, one never fails to be amazed at the amount of pelvic pathology discovered on routine examination of symptom free patients.

Encouraged by our clinic successes we approached the welfare officers of some industrial concerns employing large numbers of women and sought permission to medically examine their employees at their place of work during working hours. The response has been most gratifying. Several hundred women have now been screened at their places of employment. The revelations were startling. In these working class women the incidence of early cancers, and disease conditions, was considerably higher than any previously experienced in clinic practice. The female pelvis is indeed a "silent area" and women stoic creatures. Any doctor engaged in this work can be in no doubt as to which is the stronger sex.

\* \* \*

"Captain of the men of death" was how John Bunyan described tuberculosis. In Britain today this disease presents a much less malignant face. This is largely due to the discovery of effective drugs to control the disease, but despite the great improvement which has been achieved, tuberculosis is still with us. In the country as a whole there are still several thousand new notifications every year together with several hundred deaths. This state of affairs if caused by Diphtheria, or Poliomyelitis would create a public outcry yet there seems to be a tendency in the public mind to regard tuberculosis as a thing of the past.

At the turn of the century the late King Edward VII on being told that tuberculosis was capable of being prevented, is alleged to have remarked "If preventable, why not prevented?" But there are obstacles; more than 75% of the world's known cases of tuberculosis exist in the developing countries. The incidence of tuberculosis among immigrant groups in Britain is very much higher than in the indigenous population.

The undiagnosed "open" case of lung tuberculosis, who is not always aware of his potential danger to others, is a menace. Tuberculosis for the most part is spread by a comparatively few highly infectious individuals. Dissemination takes place most commonly within families exposed to a source of infection; close contact, and over crowding, being important factors.

Among the indigenous population the disease is now most commonly found in the elderly and in infancy. In the elderly it is commoner in men, living alone in inferior accommodation, and taking an inadequate diet.

The primary aim in the control of tuberculosis is to discover those people who are discharging tubercle bacilli, as they are the infectious sources through which transmission is maintained in the community, the object being to break the chain of communication. In contact work, the family is regarded as the unit, no member being overlooked.

B.C.G. vaccination confers good protection against all forms of tuberculosis infection. The duration of protection remains substantial for 10 years or more. With parental consent, school children between the ages of 10 and 13 years are vaccinated



as a routine. The children of immigrants in whose communities there is a high incidence of tuberculosis are regarded as contacts of the disease and encouraged to have B.C.G. vaccination as early in life as possible, i.e. from neonates at the first attendance at an infant welfare clinic, through day nurseries, to school entry.

Chest X-ray of all recent immigrants is encouraged: these are carried out at the mobile Chest X-Ray Unit which attends once a month at the Saul Street Clinic. This service should be regarded as an extension of the hospital X-ray service. By far the highest proportion of cases of active pulmonary tuberculosis are those referred by the family doctor. An awareness of the possibility of tuberculosis in the doctor's mind, and a high index of suspicion as regards its probability, are the factors that lead to this desirable result.

Today, tuberculosis is a curable disease. With treatment, those infected are quickly rendered non-infectious. The disease among immigrants presents only a remote threat to the native Prestonian. Considerable effort is made by all concerned, to try to prevent and control tuberculosis among immigrants. B.C.G. vaccination, chest X-rays, contact tracing, and close surveillance of patients under treatment, are the methods employed. The difficulties are many: difference of language, patterns of culture, standards of hygiene, coupled with unusual mobility of the immigrant population, and above all else, differing basic attitudes towards disease and its treatment. None of us are fully satisfied with the present situation, but the only way is to keep on doing the best we can, with the resources at our disposal.

\* \* \*

“There was a dachshund, once so long  
He hadn't any notion  
How long it took to notify  
His tail of his emotion;  
And so it happened while his eyes  
Were filled with woe and sadness  
His little tail went wagging on  
Because of previous gladness.”

(Author unknown)

Some people view smallpox vaccination policy in this light. They are in doubt as to which end of the animal is to be believed. The apparent contradictions need explaining:

A. The recent withdrawal of routine vaccination against smallpox for young children as against

B. The urgent demand for vaccination when smallpox occurs in this country.

The explanation is simple. These are two separate issues, and they have no relationship whatever to each other.

A. Apart from imported cases of Smallpox and the recent exceptional London cases—caused by spread from a laboratory—this country has been free from smallpox for several decades. At the present time, the imported cases of smallpox when they do occur, are capable of being contained. Vaccination against smallpox carries its own risks. Recently we reached the position in this country, where more disability was being caused by routine vaccination of young children against smallpox than by the disease itself. In the light of this reality it was decided not to continue with routine vaccination of young children.

B. When smallpox occurs in this country, the whole of the country is likely to be regarded as an infected area by foreign countries, although in reality the designation only applies to the actual area involved. These countries then demand valid vaccination certificates, from all visitors from Britain, as a condition of entry. Hence a tremendous number of people suddenly need vaccinating before proceeding on overseas holidays.

\* \* \*

Attention has been drawn only to those topics where it was felt the common good might conceivably be enhanced. The contributions to the body of the report, each of the section heads has given, speak adequately for themselves.

The end of local authority health departments on 31st March 1974 will be a sad occasion for many—myself included. I would therefore like to take this opportunity to record my sincere thanks to the members of the Committee for the encouragement and support I have received. I should also like to add my appreciation of the friendly advice and help always available from officers of other departments of the Corporation. I wish to thank the entire staff of the Health Department for their unstinting and willing co-operation in what has been a most demanding year from a work standpoint. Finally, I would like to express my heart felt gratitude to Mr. Eric Owen, Chief Public Health Inspector, who retired during the year owing to ill health, and to Miss Elizabeth W. Sowerby, Director of Nursing Services, who was due for retirement, but graciously consented to soldier on at her arduous post during the present difficult period.

James Carroll

**HEALTH COMMITTEE 1972-73**

Chairman .. .. .	Councillor G. D. THOMPSON
Vice-Chairman .. .. .	Councillor Mrs. M. CORNWELL
	Councillor Mrs. J. AINSCOUGH
	Councillor I. BOOTH
	Councillor Mrs. S. CHAPMAN
	Councillor H. R. EVANS, J.P.
	Councillor Mrs. M. HAYHURST
	Councillor H. PARKER
	Councillor Mrs. C. M. ROBINSON
	Councillor Mrs. C. SHARPLES, J.P.
	Councillor A. SMITH
	Councillor W. WILSON

**EDUCATION DEVELOPMENT SUB-COMMITTEE**

Chairman .. .. .	Councillor H. PARKER
Vice-Chairman .. .. .	Councillor T. PRESCOTT
	Alderman J. ATKINSON
	Alderman H. BEAUMONT
	Alderman Mrs. D. M. DEWHURST, J.P.
	Alderman Mrs. R. LYTTON
	Councillor Mrs. J. AINSCOUGH
	Councillor A. COUPE
	Councillor Mrs. M. HAYHURST (terminated Nov. 1972)
	Councillor J. LUND, J.P.
	Councillor S. J. WHITESIDE (from December 1972)
Co-opted Members .. .. .	THE VERY REV. MONSIGNOR B. K. O'NEILL
	REV. CANON J. C. H. A. FORDHAM
	REV. N. B. FISHBURN
	C. CROSTHWAITE
	J. SMITH
	J. R. MEREDITH

## Staff

### MEDICAL AND DENTAL STAFF

Medical Officer of Health, Principal School Medical Officer and Port Medical Officer .. .. .	C. F. W. FAIRFAX, M.B., B.S., D.P.H. (terminated 17.9.72) J. T. CARROLL, M.B., B.Ch., F.R.C.S., D.R.C.O.G., D.P.H., M.F.C.M. (commenced 20.11.72).
Deputy Medical Officer of Health, Deputy Principal School Medical Officer and Deputy Port Medical Officer .. .. .	K. K. U. PERERA, M.B., B.S., D.P.H. (commenced 10.1.72 — Departmental Medical Officer and School Medical Officer until 9.1.72.)
Departmental Medical Officers and School Medical Officers .. .. .	K. DOWLING, B.A., M.B., B.Ch., M.F.C.M. I. M. R. PURDOM, M.B., Ch.B., D.P.H. D. A. TAIT, L.M.S.S.A., M.R.C.G.P. A. T. NOLAN, L.R.C.P. and S.I., D.P.H. (commenced 2.10.72). *E. FAULKNER, M.B., Ch.B. (terminated 22.12.72).
CLINICIANS UNDERTAKING CONSULTATIVE WORK—	
Consultant Obstetricians .. .. .	W. H. TOD, D.Sc., M.D., F.R.C.O.G. W. A. ROBSON, M.B., Ch.B., F.R.C.O.G.
Consultant Oto-Rhino-Larynologists	H. WICKHAM, M.B., Ch.B., F.R.C.S. T. B. DUFF, M.B., B.Ch., F.R.C.S. (Ed.).
Consultant Paediatrician .. .. .	A. G. HESLING, M.B., B.Sc., M.R.C.P., D.C.H.
Consultant Orthodontist .. .. .	F. D. ROWE, L.D.S.
Consultant Anaesthetists .. .. .	J. A. L. COOPER, M.R.C.S., L.R.C.P. A. LYTHGOE, M.B., Ch.B.

### DENTAL STAFF

Chief Dental Officer .. .. .	A. KERSHAW, L.D.S.
Senior Dental Officer .. .. .	Mrs. M. BORMAN, L.D.S.
Sessional Dental Officer .. .. .	Mrs. J. C. BOLTON (terminated 15.12.72).
Dental Surgery Assistants .. .. .	Mrs. I. KNOWLES Miss W. T. M. MAGUIRE Mrs. H. C. BEATTIE (terminated 31.12.72).

\* part-time

## NURSING STAFF

Director of Nursing Services .. Miss E. W. SOWERBY

## HOME NURSING AND MIDWIFERY

Nursing Officer .. .. Miss M. HADFIELD  
 Midwives .. .. Mrs. D. S. BURNS  
 Miss P. M. CHAMPION (terminated 21.10.72).  
 Miss P. M. CONNELL  
 Miss M. E. GARTH (terminated 14.4.72).  
 Mrs. P. M. HERON  
 Miss M. J. HOLMES  
 Miss A. HOWARD (commenced 15.5.72).  
 Mrs. M. HUGHES  
 Miss H. MORRIS (terminated 31.12.72).  
 Miss J. M. S. PATRICK  
 \*Mrs. C. GRAHAM  
 \*Mrs. B. WOODHOUSE

District Nurses .. .. R. ATKINSON  
 Mrs. J. BAILEY  
 Mrs. C. R. BARTON  
 Miss A. BINNS (retired 30.6.72).  
 Mrs. A. BRADLEY  
 Mrs. C. CLARKE  
 J. DAVIES  
 Miss I. M. EDWARDS  
 Mrs. M. A. ELLIOTT  
 Mrs. M. E. FINNERTY  
 Mrs. S. HARRISON  
 Mrs. F. HODGE  
 Mrs. J. P. JONES  
 Mrs. M. JOYCE (commenced 7.2.72).  
 Mrs. M. LOUGHLIN  
 Miss P. M. O'NEILL (terminated 31.5.72).  
 Mrs. P. R. ROTHWELL (commenced 5.6.72).  
 Mrs. K. SANDERS  
 Mrs. M. T. F. SHEVLIN  
 Mrs. E. E. SIMPSON  
 Miss J. E. SMITH (commenced 1.9.72—Clinic  
 Nurse until 31.8.72).  
 Miss P. M. T. SOUTHWORTH  
 Mrs. M. H. SULLIVAN  
 Miss M. THOMPSON (terminated 12.3.72).  
 Mrs. A. B. WARD (commenced 1.6.72).  
 Mrs. C. G. WILSON  
 \*Mrs. E. E. BEARDWOOD  
 \*Mrs. J. BUTLER  
 \*Mrs. S. A. HAMMERSLEY (commenced 17.4.72).  
 \*Mrs. B. M. KEYBURN  
 \*Mrs. J. M. MANSON

\*part-time



Nursing Auxiliaries . . . . Mrs. W. BURGESS (part-time until 11.12.72).  
 Mrs. D. CALLOW (part-time until 4.12.72).  
 Mrs. D. DAWSON (part-time until 18.12.72).  
 \*Mrs. J. Bamber  
 \*Mrs. J. BARNES (terminated 18.8.72).  
 \*Mrs. M. BILLINGTON (commenced 11.12.72).  
 \*Mrs. E. EDGELEY  
 \*Mrs. M. A. HORAN (commenced 4.12.72).  
 \*Mrs. M. McELHONE (commenced 11.12.72).  
 \*Mrs. E. SUMNER

### HEALTH VISITING

Nursing Officers . . . . Miss M. MORGAN  
 Miss M. E. MILLS  
 Health Visitors . . . . Mrs. J. BATES  
 Miss J. CHESSELL (terminated 20.2.72).  
 Miss A. A. COLLINGE (commenced 2.10.72).  
 Miss K. V. CONROY  
 Mrs. M. CORLSON (commenced 18.9.72).  
 Mrs. I. M. CRAIG  
 Mrs. M. C. EWEN (terminated 25.6.72).  
 Mrs. J. L. FORRESTER-BELL  
 Miss E. V. FORSYTHE  
 Mrs. M. GRIMBALDESTON  
 Mrs. E. JONES  
 Miss U. M. KENT  
 Miss C. McCANN  
 Miss A. McCULLAGH  
 Mrs. M. MARSHALL  
 Mrs. V. A. PATERSON  
 Mrs. G. E. G. PEARCE  
 Mrs. M. PEARSON  
 Mrs. M. A. STIRZAKER  
 Miss E. M. TETLOW (terminated 3.12.72).  
 Miss D. J. THOMLINSON  
 Miss A. THOMPSON (commenced 18.9.72).  
 Miss M. THORNTON  
 Mrs. M. WALLBANK  
 Mrs. M. WARD  
 Mrs. M. T. WOODS  
 \*Mrs. D. CASSON  
 \*Mrs. M. D. FAWCETT  
 \*Mrs. D. C. GREENHALGH (terminated 6.8.72).  
 \*Mrs. F. A. HIGHAM  
 \*Mrs. M. MCCADDEN  
 \*Mrs. M. E. MORRIS (commenced 10.1.72).  
 \*Mrs. M. MOULDING (commenced 6.6.72).  
 \*Mrs. J. NICHOLSON

\* part-time staff



Clinic Nurses      ..      ..      ..      Mrs. P. GARDNER  
    Mrs. M. MONTGOMERY (commenced 9.10.72).  
    Mrs. E. S. L. SINDALL  
    Mrs. R. WREN  
    \*Mrs. P. BARNES  
    \*Mrs. N. JONES  
    \*Mrs. A. M. J. MANNING  
    \*Mrs. M. C. SIMPSON  
    \*Mrs. N. THORPE

### HEALTH EDUCATION

Health Education Officer    ..      ..      C. J. NELSON (terminated 2.4.72).  
    D. J. SUGDEN (commenced 24.4.72).  
 Technical Assistant    ..      ..      K. J. TAYLOR (commenced 3.7.72).

### PHYSIOTHERAPISTS

Mrs. K. M. FULLER, M.C.S.P.  
 \*Mrs. M. J. PHILLIPS, M.C.S.P., S.R.P.  
 Three vacancies

### SPEECH THERAPIST

Mrs. W. M. WEBSTER, L.C.S.T.  
 One vacancy

### CHIROPODISTS

(Sessional)

Mrs. J. AUSTIN, M.Ch.S. (terminated 25.8.72).  
 Mrs. M. BEARDSWORTH, M.Ch.S.  
 R. BEARDSWORTH, M.Ch.S.  
 Miss M. E. BILLING, M.Ch.S.  
 J. J. CLAYTON, M.Ch.S. (commenced 5.12.72).  
 I. CUERDEN, M.Ch.S.  
 E. HOLMES, L.Ch.  
 Mrs. A. KNOWLES, M.Ch.S.  
 G. NASH, M.Ch.S.  
 Mrs. E. M. RAY, M.Ch.S.  
 Mrs. V. M. SUMNER, M.Ch.S.

### AMBULANCE OFFICER

W. HART

Radiological Protection Officer    ..      J. DONNOLLY, B.Sc.

\* part-time staff

## PUBLIC HEALTH INSPECTORS

Chief Public Health Inspector .. E. OWEN, F.A.P.H.I. (retired 31.5.72).  
 E. WORTH, M.A.P.H.I. (commenced 4.7.72—  
 Deputy C.P.H.I. until 3.7.72).

Deputy Chief Public Health Inspector H. J. DALLAS (commenced 30.8.72—Food &  
 Drugs Inspector until 29.8.72).

Veterinary Officer .. .. F. J. PROCTOR, B.Sc., M.R.C.V.S., D.V.S.M.

## SPECIALIST PUBLIC HEALTH INSPECTORS:

Port Health .. .. G. WOOD

Food & Drugs .. .. C. DIDSBURY (commenced 30.8.72—Offices,  
 Shops, Railway Premises Inspector until  
 29.8.72).

Meat .. .. W. T. BARTON  
 L. N. BRUNSKILL

Housing .. .. A. LAKELAND  
 R. THISTLETHWAITE

Air Pollution .. .. T. MEREDITH

District Public Health Inspectors .. M. J. ALDEN (also Deputy Port Health Insp.).  
 P. S. ETESON  
 Mrs. A. C. SMITH  
 P. J. B. SPENCER  
 R. W. WILDMAN

Student Public Health Inspectors .. T. W. HAYHURST  
 S. J. PORTER  
 M. REECE

Technical Assistants .. .. J. CUERDEN  
 F. WALKER (commenced 1.11.72).

Civilian Inspector .. .. H. PICKERING

Pest Control Officer .. .. J. L. SINGLETON

\* part-time staff

## ADMINISTRATIVE AND CLERICAL STAFF

Chief Administrative Assistant .. J. R. STALKER

Deputy Chief Administrative Assistant .. .. . D. BARKER

Secretary to Medical Officer of Health .. .. . Miss M. M. LITT

Senior Clerks .. .. . Mrs. V. E. PEEL  
Miss S. M. WANE  
Miss O. WALMSLEY

## Clerks:

G. M. BALL	*Mrs. H. BELSHAW (terminated 7.7.72).
Mrs. C. A. BARNES	*Mrs. M. E. CROASDALE
Mrs. E. D. CROSTHWAITE	*Mrs. F. FRAGLE
Miss A. EASTWOOD	*Mrs. R. D. FRANCE
Mrs. P. ELLIS (terminated 11.10.72).	*Mrs. D. HAMILTON
Mrs. J. GLEAVE	*Mrs. P. C. KNIGHT
Mrs. I. E. GREAVES	*Mrs. D. LEE
Mrs. I. HARDING	*Mrs. M. M. McMURROUGH
Mrs. E. L. HAWKES	*Mrs. A. B. OPENSHAW
Miss C. KNOWLES	*Mrs. M. M. PARKER
Mrs. S. L. MACKENZIE	*Mrs. A. ROBERTS (commenced 21.8.72).
Miss M. M. MAITLAND	*Mrs. M. J. SINNOTT (commenced 18.2.72).
Miss A. MOLYNEUX	*Mrs. M. R. WRIGHT
Miss G. SALISBURY	
Mrs. K. M. WAY	

Typing Supervisor .. .. . Mrs. J. M. BLAKE

Typists .. .. . Miss J. M. LAWRENSON  
Mrs. P. McGINTY (terminated 27.10.72).  
Miss K. M. HEATON (commenced 15.11.72).

## PRESTON CREMATORIUM

Medical Referee .. .. . Dr. J. T. CARROLL

Deputy Medical Referees .. .. . Dr. K. K. U. PERERA  
Dr. K. D. DOWLING

\* part-time staff

## Statistics and Social Conditions of the area

I am grateful to Dr. Purdom for preparation of the following reports and to Mrs. Way for compilation of statistics.

### Area and Population

The area of the Borough is 6,351 acres. The Registrar General's estimated mid-year population for Preston County Borough in 1972 was 95,450. This is the figure on which vital statistics are based and not the 1971 census figure of 97,365. The population density is 15 persons per acre.

### Births

There was a further decrease in the number of births in Preston in 1972. There were 1,548 livebirths during the year compared with 1,610 in 1971 and 1,776 in 1970. Stillbirths numbered 27: the lowest number for Preston yet.

The **livebirth rate** was 19.0 compared with 16.4 the previous year. The rate for England and Wales in 1972 was 14.8. The increased local rate reflects the change in population composition shown up in the 1971 census. The percentage of illegitimate livebirths has increased further to 17%: almost twice the percentage for England and Wales.

### Deaths

The total number of deaths assignable to Preston was 1,356. This gives an adjusted death rate of 14.3. The rate for England and Wales was 12.1.

Of the total deaths 937 (69%) were in persons aged 65 years and over, while the deaths of 36 infants under one year of age were registered during the year. There were **no maternal deaths**.

The accompanying diagrams indicate for both males and females the relative parts played by certain disease groups in the causation of death.

For both men and women **ischaemic (coronary) heart disease** is the major killer. There were 202 men and 157 women who died from this condition during the year. For women the majority of such deaths (103) were in those over 75 years of age and only 19 occurred in women under 65 years. Of the men however, 78 (38%) died before the age of 65 years. The tables on page 24 analyse coronary deaths by sex and age for the past decade.

**Cerebrovascular disease** was a commoner cause of death for women than for men. There were 116 women and 72 men who died from this condition.

Once again **lung cancer** accounted for more deaths than any other single malignant condition. It caused the deaths of 65 men and 14 women. For both sexes many of the deaths occurred before the age of 65 and some before the age of 55 years. Details of other deaths from malignant disease are shown in folding page between pages 24—25.

There were 64 men and 24 women who died from **bronchitis**. The sex difference is similar to that for lung cancer and is doubtless associated with the known difference in smoking habits and also perhaps of occupation.

Approximately 50% of deaths from **accidents** were the result of road traffic accidents. There were 22 persons who died as the result of a road accident. Home accidents accounted for 10 of the 23 deaths from other accidental causes.

The number of deaths by **suicide** has not altered much in the past four years. There were 11 such deaths during 1972, seven of these being the result of poisoning.

**Comparative Statement of Vital Statistics.  
1972.**

	Birth Rate	Death Rate	Infant Mortality Rate	Stillbirth Rate (per 1,000 live and stillbirths)	Perinatal Mortality Rate	Maternal Mortality Rate per 1,000 (Total Live and stillbirths)		
						Maternal causes (excluding abortion)	Due to abortion	Total Maternal Mortality
England and Wales (provisional)	14.8	12.1	17	12	22	0.12	0.03	0.15
Birkenhead ..	16.9	12.9	25	12	27	—	—	—
Burnley .. ..	15.6	16.5	19.5	18.3	27.9	0.87	—	0.87
Bury .. ..	17.2	12.8	16	10	18.45	—	—	—
Halifax .. ..	15.1	15.1	23	13	22	0.71	—	0.71
Liverpool ..	14.5	13.6	14.8	15.4	24.9	0.23	0.12	0.35
Manchester ..	14.5	13.5	22.2	13.4	27	—	—	—
Oldham .. ..	15.78	15.24	27.80	17.22	27.32	—	—	—
<b>PRESTON</b> ..	<b>16.2</b>	<b>14.2</b>	<b>23</b>	<b>17</b>	<b>28</b>	—	—	—
Rochdale ..	16.6	13.5	23	13	28	—	—	—
St. Helens ..	18.3	13.4	20.9	16.4	26.7	0.5	—	0.5
Stockport ..	15.6	13.0	22	17	29	0.46	—	0.46
Wallasey ..	15.1	14.3	18	14	26	—	—	—
Wigan .. ..	17.6	13.7	20	17	30	0.69	—	0.69

### Infant Deaths

There were 35 infants who died under one year of age during 1972. The Registrar General's figure of 36 includes one post-neonatal infant death which occurred in 1971. The **infant mortality rate** for Preston was 23 compared with 17 for England and Wales.

There were 17 deaths of infants under one week (16 in 1971). All but two of these died within 24 hours of birth. The causes of death were prematurity (14 cases), congenital heart disease with prematurity (one case), other congenital anomalies (two cases). **Perinatal mortality rate** was 28. This further slight reduction was due to a fall in the number of stillbirths from 32 in 1971 to 27 in 1972.



### Vital Statistics — 1972.

		Preston			England and Wales (Total)
		Males	Females	Total	
Estimated mid-year home population		...	...	95,450	49,028,900
Live Births	Total	799	749	1,548	725,405
	Legitimate	660	626	1,286	662,907
	Illegitimate	139	123	262	62,498
Stillbirths	Total	9	18	27	8,794
	Legitimate	9	17	26	7,846
	Illegitimate	—	1	1	948
Live and Stillbirths	Total	808	768	1,576	734,199
Deaths of Infants					
under 1 year of age	Total	17	19	36	12,494
	Legitimate	15	16	31	11,177
	Illegitimate	2	3	5	1,317
under 4 weeks of age	Total	9	11	20	8,373
	Legitimate	9	9	18	7,503
	Illegitimate	—	2	2	870
under 1 week of age	Total	7	10	17	7,142
	Legitimate	7	8	15	6,365
	Illegitimate	—	2	2	777
Deaths — all ages		694	662	1,356	591,907

Analysis of the 18 deaths of infants over one week of age is as follows:

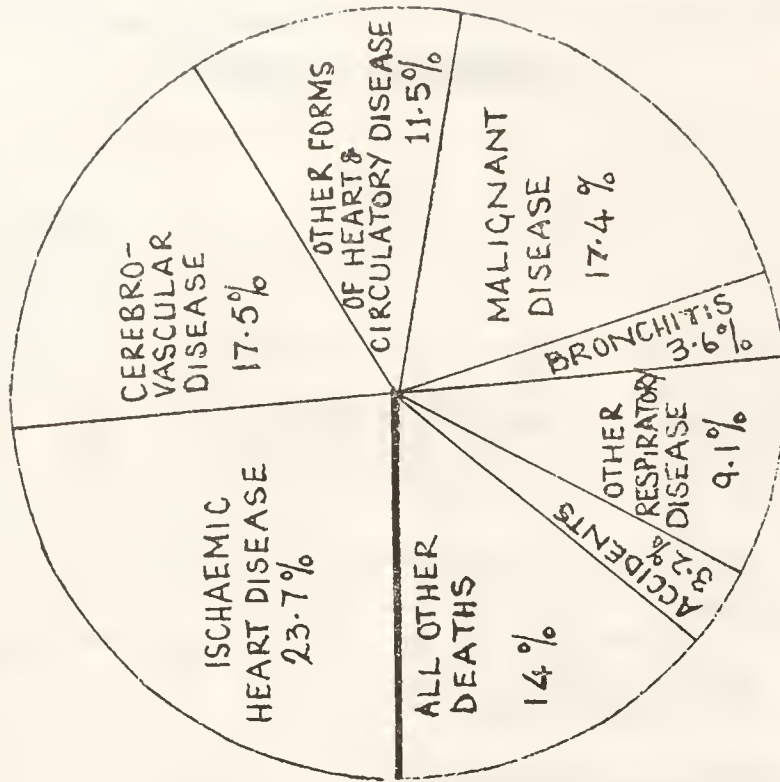
Pneumonia	5
Other respiratory infections	5
Sudden death in infancy syndrome	2
Congenital malformation	2
Enteritis	1
Intussusception	1
Haemorrhage of the newborn	1
External Injury	1



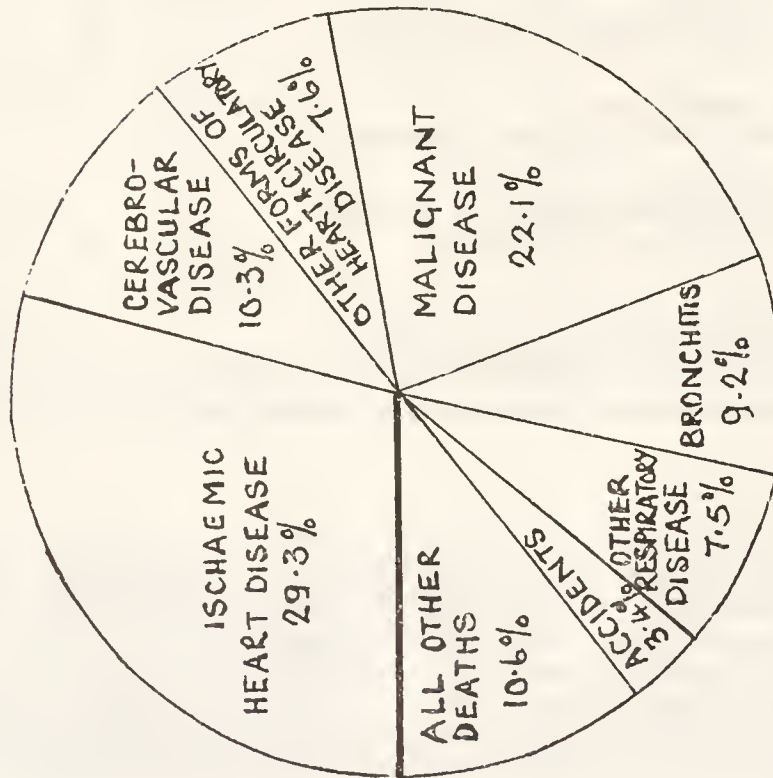
Vital Statistics — 1972.						
					Preston	England and Wales
					—	—
Live Birth rates, etc.						
Live births per 1,000 home population (crude rate) ...					16.2	14.8
Local adjusted rate (Area comparability factor = 1.17) ...					19	14.8
Illegitimate live births as percentage of all live births ...					17%	9%
Stillbirth rate						
Stillbirths per 1,000 total live and stillbirths ...					17	12
Infant mortality rates						
Deaths under 1 year per 1,000 live births ...					23	17
Deaths of legitimate infants under 1 year per 1,000 legitimate live births ...					24	17
Deaths of illegitimate infants under 1 year per 1,000 illegitimate live births... ..					19	21
Neonatal mortality rate						
Deaths under 4 weeks per 1,000 live births ...					13	12
Early neonatal mortality rate						
Deaths under 1 week per 1,000 total live births ...					11	10
Perinatal mortality rate						
Stillbirths and Deaths under 1 week combined, per 1,000 total live and stillbirths ...					28	22
Deaths rates, etc.— all ages						
Deaths per 1,000 home population (crude rate) ...					14.2	12.1
Local adjusted rate (Area comparability factor—1.01) ...					14.3	12.1

The registered cause of death for five infants was pneumonia. The children's ages ranged from seven weeks to nine months. Two were cases of sudden "cot deaths" with post mortem showing evidence of virus pneumonia. Two of the three infants who died from bronchopneumonia had additional handicaps. One suffered from mongolism and a congenital heart defect, the other from cerebral birth injury. The fifth infant had slight fever and shortness of breath on one day and died later the next day. Treatment had been obtained from the chemist and medical attention was sought too late.

## FEMALES



## MALES



## CAUSES OF DEATH

The "other respiratory infections" which accounted for the deaths of five infants included tracheobronchitis, pneumonitis and lower respiratory infection. In the main these were virus infections and in three cases accounted for typical "cot deaths". In all but one of them there had been a history of respiratory or gastrointestinal infection in the month or two before death necessitating admission to hospital in two cases. In three of the cases there was a history of abnormal birth or neonatal asphyxia.

For two infants aged seven weeks and six months, death was recorded as due to sudden death in infancy. While these were both cases of "cot deaths" the younger infant had but few post mortem signs in the lungs but the older child had evidence of extensive bilateral bronchopneumonia.

There were a further two "cot deaths", both infants aged three weeks. One of these died from an overwhelming enteritis due to *E.coli* type 055 while the other was a case of haemorrhagic disease of the newborn, the cause of which was never determined.

There were two infants who had major congenital abnormalities and survival was not considered likely. One of these had a chromosomal abnormality and the other spina bifida with severe hydrocephalus.

From the foregoing it will be noted that nine (50%) of the deaths of infants over one week of age were sudden unexpected "cot deaths". In five of the cases however, there was one or more factors which put the infant potentially "at risk". These factors included lack of ante-natal care in pregnancy, abnormal birth, illegitimacy, recent infection in the child or his household. While closer supervision of "at risk" infants is clearly important, educating parents in the signs of acute infection in infancy is not easy and might not materially alter the outcome. Almost without exception the parents in this series were quite unaware of the severity of the infant's condition in the hours preceding death.

### **Abused Children**

Full details were given in last year's report of the arrangements for the detection and follow-up of children who have been physically ill-treated or who are in danger of such abuse.

Good liaison was maintained with Dr. Malcolm Hall, Consultant in charge of the Accident Department at Preston Royal Infirmary, and also with the staff of the N.S.P.C.C. and of the Social Services Department.

During the year reports were received from Dr. Hall on 13 children who had sustained injuries not clearly accidental in origin. In addition a post mortem report was received from H.M. Coroner on a child who died as the result of criminal assault. Two children were reported by the health visitor as being "at risk" of injury. The accompanying table gives further details of the 16 children.

It will be noted that five of them have been classified as cases of the Battered Baby Syndrome (B.B.S.). One of these children died from his injuries. Of the other four children three were taken into care of the local authority on a court order while voluntary social supervision was provided for the parents of the remaining child.

There were six children whose injuries were not clearly accidental (cases 3, 8, 10, 11, 15 and 16). Two of these were already on the "at risk" register because of previous injuries. A further two children had not sustained injuries but because of a failure to thrive were put on the "at risk" register, Dr. Hall also being notified. Supervision of the children in this group is important and is undertaken by the health visitor in liaison with staff of the Social Services Department and N.S.P.C.C. inspectors, where appropriate.

### Investigation of injured Children.

Case No.	Sex	Age	Taken to Hospital by	Injuries	Cause and Outcome
1	M	3 years	N.S.P.C.C.	Bruising of buttocks	B.B.S. Care Order.
2	M	3 years	N.S.P.C.C.	Bruising of face	Accidental. "At risk". For supervision.
3	M	9 months	N.S.P.C.C.	Recent leg fracture Cold extremities Failure to thrive	Deprived child. Voluntary care.
4	F	5 years	Neighbour	Wound above eye	Accidental.
5	F	2½ years	Parent	Recurrent injuries	Accidental.
6	F	4 years	N.S.P.C.C.	Multiple bruising	B.B.S. Care Order.
7	F	5 months	Parent	Bruising above eye	B.B.S. Voluntary supervision.
8	F	1 year	N.S.P.C.C.	Bruising of cheeks	Uncertain. "At risk". For supervision.
9	F	1 month	N.S.P.C.C.	Multiple bruising	B.B.S. Care Order.
10	M	7 years	N.S.P.C.C.	Burns on face	Deprived child. "At risk". For supervision.
11	F	7 months	N.S.P.C.C.	Bruising of cheek	Deprived child. "At risk". For supervision.
12	M	9 months	—	Death from intracranial injuries and fractured skull	B.B.S.
13	M	1½ years	—	Failure to thrive No injuries	Deprived child. For H.V. and paediatric supervision.
14	F	7 months	—	Failure to thrive No injuries	Deprived child. For H.V. and paediatric supervision.
15	F	7 years	N.S.P.C.C.	Vulval injuries	Non-accidental. Deprived child. "At risk". For supervision.
16	F	1½ years	Parent	Head injury	Recurrent injuries. ? accidental. "At risk". For supervision.



There were three children (cases 2, 4 and 5) whose injuries were regarded as accidental, following enquiries. Of these one required further supervision by N.S.P.C.C.

The local arrangements for the investigation and supervision of children with non-accidental injuries are working well. Health visiting of "at risk" families has shown itself of prophylactic value. Proposals are now being made (1973) for routine follow-up by health visitors of children admitted to hospital with acute poisoning. These visits should help to elucidate this problem and provide opportunity for the giving of advice to prevent accidental poisoning.

Number of Births registered in the various wards.							
Ward					Estimated Population	Births	Rate per 1,000 population
Ashton	...	...	...	...	8,227	106	12.88
Avenham	...	...	...	...	6,901	138	20.00
Central	...	...	...	...	5,382	99	18.39
Deepdale	...	...	...	...	9,391	134	14.38
Fishwick	...	...	...	...	7,645	134	17.53
Moorbrook	...	...	...	...	7,533	125	16.59
Park	...	...	...	...	4,033	85	21.08
Ribbleton	...	...	...	...	13,019	220	16.90
St. John's	...	...	...	...	7,338	125	17.03
St. Matthew's	...	...	...	...	8,132	144	17.71
Savick	...	...	...	...	10,366	120	11.58
Tulketh	...	...	...	...	7,483	118	15.05
Total					95,450	1,548	

### Coronary Disease — Female Deaths.

Age at Death	25-34	35-44	45-54	55-64	65-74	75+	Total
Year							
1972	—	1	3	15	35	103	157
1971	—	1	5	20	51	78	155
1970	—	—	6	21	33	83	143
1969	—	1	5	19	44	67	136
1968	—	1	4	16	66	88	175
1967	—	2	5	21	48	60	136
1966	—	1	1	15	42	65	124
1965	—	2	3	17	40	52	114
1964	1	1	7	23	45	51	128
1963	—	1	3	15	40	52	111

### Coronary Disease — Male Deaths.

Age at Death	25-34	35-44	45-54	55-64	65-74	75+	Total
Year							
1972	1	6	23	48	78	46	202
1971	—	2	39	61	71	44	217
1970	—	2	22	54	56	46	180
1969	—	6	27	46	73	48	200
1968	—	2	15	53	63	37	170
1967	2	3	20	44	56	44	169
1966	—	7	17	62	73	42	201
1965	1	12	28	54	57	43	195
1964	4	6	23	53	55	42	183
1963	1	5	15	46	61	34	162



## Cause of Death — arranged according to age and sex.

Cause of death	Sex	All Ages	Age in groups												Cause of death	Sex	All Ages	Age in groups												
			Under 4 wks.	4 wks. and under 1 yr.	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & over					Under 4 wks.	4 wks. and under 1 yr.	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 & over		
Enteritis and other Diarrhoeal Diseases	M	1	1	—	—	—	—	—	—	—	—	—	—		Ischaemic heart disease .. ..	M	202	—	—	—	—	—	—	1	6	23	48	78	46	
	F	—	—	—	—	—	—	—	—	—	—	—	—			F	157	—	—	—	—	—	—	1	3	15	35	103		
Tuberculosis of Respiratory System ..	M	2	—	—	—	—	—	—	—	—	—	—	1	1		Other forms of heart disease .. ..	M	19	—	—	—	1	—	—	2	2	5	8		
	F	—	—	—	—	—	—	—	—	—	—	—	—	—			F	31	—	—	—	—	1	1	1	4	6	18		
Other Tuberculosis .. ..	M	2	—	—	1	—	—	—	1	—	—	—	—	—		Cerebrovascular disease .. ..	M	72	—	—	—	—	—	—	—	6	14	27	25	
	F	2	—	—	1	1	—	—	—	—	—	—	—	—			F	116	—	—	—	—	—	2	3	8	1	26	76	
Meningococcal infection .. ..	M	1	—	—	1	—	—	—	—	—	—	—	—	—		Other diseases of circulatory system	M	19	—	—	—	—	—	—	—	4	8	7		
	F	—	—	—	—	—	—	—	—	—	—	—	—	—			F	30	—	—	—	—	1	—	—	2	3	24		
Measles .. ..	M	1	—	—	1	—	—	—	—	—	—	—	—	—		Influenza .. ..	M	5	—	—	—	—	—	—	—	2	1	2		
	F	—	—	—	—	—	—	—	—	—	—	—	—	—			F	7	—	—	—	—	—	—	1	2	4			
Other infective and parasitic diseases ..	M	3	—	1	—	1	—	—	—	1	—	—	—	—		Pneumonia .. ..	M	38	—	3	1	—	—	—	1	—	6	10	17	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—			F	51	—	3	—	—	—	—	—	5	11	32		
Malignant neoplasm, buccal cavity, etc ..	M	3	—	—	—	—	—	—	—	—	—	1	2	—		Bronchitis and emphysema .. ..	M	64	—	—	—	—	—	—	1	2	13	26	22	
	F	3	—	—	—	—	—	—	—	—	—	—	1	2			F	24	—	—	—	—	—	—	1	1	8	14		
Malignant neoplasm, oesophagus ..	M	5	—	—	—	—	—	—	—	—	—	2	2	1		Asthma .. ..	M	1	—	—	—	—	—	—	—	—	—	—	—	1
	F	3	—	—	—	—	—	—	—	—	—	1	1	1			F	2	—	—	—	—	—	—	—	—	—	—	—	
Malignant neoplasm, stomach .. ..	M	16	—	—	—	—	—	—	—	—	2	4	9	1		Other diseases of respiratory system	M	12	—	2	—	—	—	—	1	—	3	2	4	
	F	23	—	—	—	—	—	—	—	—	—	3	6	14			F	7	—	1	—	—	—	—	—	—	2	4		
Malignant neoplasm, intestine .. ..	M	21	—	—	—	—	—	—	—	—	—	5	7	9		Peptic ulcer .. ..	M	3	—	—	—	—	—	—	—	1	—	—	2	
	F	16	—	—	—	—	—	—	1	—	2	5	4	4			F	2	—	—	—	—	—	—	—	1	1	—		
Malignant neoplasm, larynx .. ..	M	2	—	—	—	—	—	—	—	—	—	—	2	—		Intestinal obstruction and hernia	M	1	—	1	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—			F	3	1	—	—	—	—	—	—	1	—	1		
Malignant neoplasm, lung, bronchus ..	M	65	—	—	—	—	—	—	—	—	9	17	31	8		Cirrhosis of liver .. ..	M	4	—	—	—	—	—	—	1	1	2	—	—	
	F	14	—	—	—	—	—	—	—	—	2	7	4	1			F	—	—	—	—	—	—	—	—	—	—	—		
Malignant neoplasm, breast .. ..	F	16	—	—	—	—	—	—	1	1	3	4	6	1		Other diseases of digestive system	M	6	—	—	—	—	—	—	—	2	1	3	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—			F	17	—	—	—	—	—	—	1	2	6	7		
Malignant neoplasm, uterus .. ..	F	7	—	—	—	—	—	—	1	—	2	1	1	2		Nephritis and nephrosis .. ..	M	3	—	—	—	—	2	—	—	—	1	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—			F	4	—	—	—	—	—	—	—	—	1	3		
Malignant neoplasm, prostate .. ..	M	7	—	—	—	—	—	—	—	—	—	1	3	3		Other diseases, genito-urinary system	M	2	—	—	—	—	—	—	—	—	2	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	—	—			F	7	—	—	—	—	—	—	—	—	—	4		
Leukaemia .. ..	M	3	—	—	—	—	—	—	—	—	1	1	1	—		Diseases of skin, subcutaneous tissue	M	—	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	—	—	—	—	—			F	1	—	—	—	—	—	—	—	—	—	1		
Other malignant neoplasms .. ..	M	32	—	—	—	—	2	—	—	1	3	5	15	6		Diseases of musculo-skeletal system	M	1	—	—	—	—	—	—	—	—	—	—	1	—
	F	32	—	—	—	—	—	—	—	1	3	9	9	10			F	4	—	—	—	—	—	—	—	—	—	1	3	
Benign and unspecified neoplasms ..	M	1	—	—	—	—	—	—	—	—	—	—	1	—		Congenital anomalies .. ..	M	5	1	—	—	1	1	—	1	1	—	—	—	
	F	3	—	—	—	—	—	—	—	1	—	—	—	—			F	3	2	1	—	—	—	—	—	—	—	—	—	
Diabetes Mellitus .. ..	M	2	—	—	—	—	—	—	—	—	1	—	—	1		Birth injury, difficult labour, etc.	M	1	1	—	—	—	—	—	—	—	—	—	—	
	F	7	—	—	—	—	—	—	—	—	—	3	2	2			F	—	—	—	—	—	—	—	—	—	—	—	—	
Other endocrine etc. diseases .. ..	M	—	—	—	—	—	—	—	—	—	—	—	—	—		Other causes of perinatal mortality	M	6	6	—	—	—	—	—	—	—	—	—	—	
	F	5	—	—	—	1	—	—	—	—	—	2	—	2			F	8	8	—	—	—	—	—	—	—	—	—	—	
Anaemias .. ..	M	2	—	—	—	—	—	—	—	—	—	—	—	—		Symptoms and ill-defined conditions	M	4	—	—	1	—	—	—	—	—	—	3	—	
	F	4	—	—	—	—	—	—	—	—	—	—	—	—			F	7	—	2	—	—	—	—	—	—	1	—	4	
Multiple sclerosis .. ..	M	1	—	—	—	—	—	—	—	—	—	—	—	—		Motor vehicle accidents .. ..	M	12	—	—	—	2	1	—	1	1	2	4	1	
	F	2	—	—	—	—	—	—	—	—	—	—	—	—			F	10	—	—	—	—	—	1	—	—	1	3	5	
Other diseases of nervous system ..	M	7	—	—	—	—	—	—	—	—	2	—	5	—		All other accidents .. ..	M	12	—	—	2	—	—	1	1	—	2	2	4	
	F	1	—	1	—	—	—	—	—	—	—	—	—	—			F	11	—	—	—	—	1	—	1	—	—	4	5	
Chronic rheumatic heart disease ..	M	8	—	—	—	—	—	—	—	2	2	2	2	—		Suicide and self-inflicted injuries	M	6	—	—	—	—	1	—	2	—	1	2	—	
	F	8	—	—	—	—	—	—	—	1	3	—	1	3			F	5	—	—	—	—	2	—	—	1	—	2	—	
Hypertensive disease .. ..	M	7	—	—	—	—	—	—	—	—	—	4	2	1		All other external causes .. ..	M	4	—	1	—	—	—	—	—	2	—	1	—	
	F	7	—	—	—	—	—	—	—	1	—	2	—	4			F	1	—	—	—	—	—	—	—	1	—	—	—	
TOTAL ALL CAUSES																M	694	9	8	7	5	7	3	19	62	146	259	169		
																F	662	11	8	1	3	4	9	12	32	73	151	358		





### Comparative Annual Numbers and Rates of Births and Deaths.

Year	Population	No. of Births	Rate per 1,000 Living	No. of Infant Deaths	Infant Mortality	Maternal Mortality		Rate per 1,000 Births	Total No. of Deaths	Rate per 1,000 Living
						Diseases and Accidents P.F.	Others			
*1900-04	115,048	3,375	29.34	664	197	5	12	5.04	2,178	18.93
*1905-09	117,106	3,207	27.39	516	161	3	11	4.37	1,934	16.51
*1910-14	118,137	2,804	23.73	423	151	2	10	4.28	1,926	16.30
*1915-19	119,497	2,174	18.19	268	123	3	5	3.68	1,845	15.44
1920	122,133	2,984	24.43	301	101	9	13	7.37	1,659	13.60
1	119,900	2,811	23.44	316	112	7	8	5.34	1,595	13.30
2	120,900	2,482	20.53	242	97	3	9	4.83	1,662	13.75
3	121,700	2,426	19.11	238	98	3	8	4.54	1,676	13.77
4	123,100	2,328	18.91	225	97	5	8	5.58	1,714	13.92
5	122,900	2,174	17.69	286	131	6	7	3.22	1,787	14.54
6	124,200	2,160	17.39	195	90	8	9	7.87	1,596	12.85
7	127,100	1,892	14.88	206	109	3	6	4.77	1,785	14.04
8	127,100	1,916	15.07	175	91	3	9	6.27	1,614	12.69
9	126,100	1,967	15.60	205	104	4	8	6.10	1,772	14.05
1930	126,100	1,975	15.66	145	73	9	4	6.59	1,554	12.24
1	120,100	1,881	15.66	165	88	5	5	5.32	1,661	13.83
2	118,500	1,764	14.89	149	84	4	6	5.67	1,547	13.05
3	117,800	1,720	14.60	150	87	4	3	4.07	1,577	13.39
4	117,490	1,670	14.24	115	69	6	14	11.97	1,611	13.79
5	116,200	1,742	14.99	140	80	3	5	4.59	1,578	13.49
6	115,200	1,663	14.43	138	83	7	8	8.60	1,624	14.43
7	113,600	1,590	14.00	123	77	2	2	2.40	1,614	14.23
8	113,200	1,766	15.60	125	71	3	—	1.62	1,473	13.01
9	112,800	1,713	15.19	100	58	2	4	3.34	1,535	13.61
1940	108,500	1,711	15.77	157	91	2	10	7.03	1,745	13.88
1	111,490	1,925	17.27	137	71	3	4	3.47	1,543	13.84
2	110,000	1,968	17.89	107	54	2	4	2.94	1,506	13.69
3	109,100	1,952	17.89	132	68	2	2	1.98	1,624	14.89
4	108,190	2,032	18.78	120	59	—	1	0.48	1,386	12.81
5	108,480	1,949	17.97	99	51	1	—	0.51	1,514	13.96
6	114,070	2,380	20.86	134	56	—	4	1.68	1,438	12.61
7	116,520	2,574	22.09	178	69	1	—	0.32	1,578	13.54
8	118,130	2,219	18.78	86	39	1	—	0.44	1,491	12.62
9	119,500	2,170	18.16	94	43	1	—	0.45	1,469	12.29
1950	120,300	2,101	17.46	68	32	—	—	—	1,550	12.88
1	118,100	1,962	16.61	68	35	—	3	1.49	1,816	15.38
2	119,200	1,960	16.44	63	32	—	—	—	1,453	12.19
3	118,900	1,914	16.10	63	33	—	4	2.04	1,354	11.39
4	118,400	1,823	15.40	50	27	—	1	0.54	1,407	11.88
5	117,400	1,832	15.60	53	29	—	2	1.07	1,459	12.43
6	117,200	1,843	15.73	55	30	—	1	0.53	1,449	12.36
7	116,200	1,933	16.64	67	35	—	2	1.01	1,445	12.44
8	115,100	1,864	16.19	58	31	—	—	—	1,457	12.66
9	114,200	1,964	17.20	63	32	—	2	1.00	1,409	12.34
1960	113,460	2,023	17.83	64	32	—	1	0.49	1,448	12.76
1	113,170	2,037	17.99	69	34	—	—	—	1,506	13.31
2	112,130	2,210	19.71	64	29	—	—	—	1,421	12.67
3	111,670	2,070	18.54	57	27	—	—	—	1,432	12.82
4	110,390	2,152	19.49	53	25	—	—	—	1,370	12.41
5	109,030	2,031	18.63	51	25	—	—	—	1,338	12.27
6	107,400	1,956	18.21	46	23	—	—	—	1,389	12.93
7	106,010	1,865	17.59	48	26	—	2	1.05	1,285	12.12
8	103,600	1,860	17.95	48	26	—	1	0.53	1,353	13.06
9	102,100	1,772	17.20	44	25	—	—	—	1,434	14.40
1970	100,140	1,776	17.50	46	26	—	1	0.55	1,322	13.70
1	96,790	1,610	16.40	35	22	—	—	—	1,391	15.00
2	95,460	1,548	19.00	36	23	—	—	—	1,356	14.30

## EMPLOYMENT

I am grateful to Mr. F. J. Ford of the Preston Department of Employment and Productivity for the following information:

### Employment Situation

The percentage rate of unemployment for the Preston travel-to-work area (comprising Preston, Chorley, Bamber Bridge and Leyland) at December 1972 was 3.2% compared with 4.3% for the North West Region and 3.3% nationally. The rate for December 1971 was 4%.

The early part of 1972 was marked by a sharp rise in unemployment but the second half of the year showed considerable improvement. There were fewer redundancies but some did occur in Rayon Yarn production and Road Haulage Servicing. All redundant workers were offered the full range of the Department's services and many were found new employment as a result.

### Employment Services

There were 6,813 persons placed in employment by the Preston Employment Exchange Service, filling 4,765 industrial vacancies, 1,631 commercial, 103 nursing and 314 senior posts at a professional or executive level.

Activity in the field of occupational guidance resulted in 1,254 interviews being conducted during 1972 at the Preston Occupational Guidance Unit. Also during the year the Department's Disablement Resettlement Officers placed 369 persons in employment and arranged Industrial Rehabilitation or Vocational Training courses for 42 other persons. The D.R.O's continued to make regular and frequent visits to local hospitals and developed their various contacts with local authority welfare departments and voluntary organisations concerned with disabled persons.

The Nursing Employment Officer continued to assist in the recruitment of nursing staff for hospitals in the area and to interview and advise on the employment problems of nursing staff as required.

### General

Administration of the Redundancy Payments Act over a wide area of Lancashire continues to be centralised on the Preston Employment Exchange; Officers are available to visit and advise employers on all matters concerned with the Act.

The Department's Local Advisory Committees met throughout the year. The Local Employment Committee (Chairman Mr. A. Cunliffe) considered and advised on various aspects of employment and training; the Disablement Advisory Committee (Chairman Councillor Mrs. M. S. Lyons, J.P.) met and advised on problems concerning the resettlement of the disabled.

The following table shows the monthly Preston unemployed register figures for 1972. The percentage rate quoted is for the travel-to-work area.

	<i>Men</i>	<i>Boys</i>	<i>Women</i>	<i>Girls</i>	<i>Total</i>	<i>Temporarily Stopped</i>	<i>%</i>
January 1972	2,762	130	434	79	3,405	27	3.9
February	3,684	134	435	64	4,317	1,117	6.3
March	4,472	145	459	71	5,147	1,819	5.3
April	3,539	179	454	71	4,243	720	4.6
May	2,638	159	328	67	3,192	6	3.6
June	2,493	124	294	61	2,972	4	3.4
July	2,604	253	391	131	3,379	—	3.7
August	2,897	258	363	108	3,626	267	4.0
September	2,809	210	353	83	3,455	93	4.1
October	2,545	168	295	54	3,062	10	3.4
November	2,473	131	291	40	2,935	9	3.2
December	2,493	130	289	32	2,944	6	3.2

## Personal Health Services

I am grateful to Miss E. W. Sowerby and her nursing officers for these reports on the nursing services.

### MIDWIFERY SERVICE

#### Staffing

At the end of 1972 44 midwives were practising in the County Borough; 29, including supervisory and part-time staff, at Preston Royal Infirmary, five in the General Practitioner Unit and 10 including the Supervisor of Midwives in the Domiciliary Service.

Three midwives left the Domiciliary Service during the year; two married and the third gained promotion overseas. These midwives were all ex-students from the Part II Training School with Sharoe Green Hospital and the Domiciliary Midwifery Service: as were the three midwives who subsequently filled the vacancies.

#### Training

The Domiciliary Service is approved for Part II Midwifery training. Student midwives spend 13 weeks in the domiciliary field and are taught all the aspects of community care of the mother and baby. During this period the student midwives are accommodated in the hostel at 5 Waltons Parade in the care of the resident housekeeper.

The Non-Medical Supervisor and six domiciliary midwives are approved by the Central Midwives Board as district teachers. Twenty-four student midwives can be accepted during the year. In 1972 13 students were received and all were successful in the Part II C.M.B. examination.

Eighteen obstetric nurse students from Sharoe Green Hospital have each spent a short period with the domiciliary midwives and Part I student midwives from Preston Royal Infirmary have attended the Mothercraft Classes given by the midwives at the Saul Street Clinic.

#### Care of Mother and Baby

All midwives are attached to general practices for the purpose of booking midwifery cases. Three midwives work with the doctors in the Ashton Health Centre and four regularly attend general practitioner surgery, ante-natal and post-natal clinics. A fall in the overall number of home deliveries has enabled the midwife to undertake extra clinical and ante-natal work without having to increase the establishment of midwives.

All expectant mothers are required to book a doctor for confinement and at 36 weeks each mother is examined by a Consultant Obstetrician; and if she is considered obstetrically at risk hospital confinement is arranged.

After delivery mother and baby remain in the care of the midwife for 14 days. During the year 3,133 domiciliary ante-natal visits were made by midwives; 4,879 post-natal visits were paid to mothers delivered at home and 6,074 to mothers delivered in hospital. The district midwifery service has also investigated home and social conditions of ante-natal patients and has followed up ante-natal clinic defaulters on behalf of the hospitals.

291 mothers have made 1,383 attendances at Ante-natal Clinics.

43 mothers have made 386 attendances at Ashton Health Centre.

69 mothers have made 552 attendances at Surgery Ante-natal Clinics.



The midwives cover the district work with a 24 hour rota system of duty. There is always one midwife on night duty. The service is indebted to the Ambulance Service who hold a copy of the duty rota and act as a message centre.

### **Results**

During the year 1,570 babies were born to Preston mothers. There were 259 domiciliary deliveries, 234 being delivered by midwives alone and 25 in the presence of a doctor.

Further details are given in the tables at the end of this section.

## **HEALTH VISITING**

Statistics of some of the work of health visitors are given on page 36.

During the year three health visitors left the staff—all going to other authorities and one health visitor owing to domestic circumstances started part-time duties. There were three new appointments—one whole-time and two part-time and two students returned from training having qualified as health visitors.

At the end of the year there were 24 whole-time and six part-time health visitors on the staff—leaving nine whole-time vacancies.

### **Physically Handicapped**

On 1st April, 1972, the social aspects relating to the care of the physically handicapped became the responsibility of the Social Services Department. The staff of the Health Department continue to visit where there is a nursing or medical aspect.

The aids which assist in the nursing care of the patients continue to be loaned by the Health Department, aids which assist in the socialisation of a patient are now loaned by the Social Services Department.

During the year 80 aids of various types were loaned and the health visitors paid 995 visits to patients in their own homes.

### **Attachment to General Practice**

There were two further attachment schemes started during the year and another one is in the process of being implemented.

There are now 13 health visitors attached to a total of 11 general practices. The case loads of these health visitors have greatly increased since attachment commenced. In two of the group practices the work of the health visitor has increased to such an extent that in addition to the full-time health visitor one health visitor in a part-time capacity is working within the practice.

In one group practice a weekly child health clinic is held in the surgery with the health visitor and one general practitioner in attendance. In two group practices immunisation sessions are held weekly and monthly respectively.

The general practitioners and health visitors meet at the surgeries frequently to discuss problems and exchange information.

### **Liaison with the Hospital Service**

For many years a health visitor has been attached to certain hospital clinics: the chest clinic, the paediatric clinic and more recently the diabetic clinic. In each instance the health visitor concerned works in close co-operation with the consultant in charge of the clinic. In April when the geriatric day hospital at Sharoe Green was opened a health visitor was attached to the geriatric unit, on a part-time basis, to co-operate with the day hospital for pre-discharge consultation and post-discharge follow up. She also attends the geriatric clinic. These liaison schemes help to foster a good relationship between the hospital and community services, and as integration is near at hand these are steps in the right direction.



### **Diabetic After-Care**

The diabetic after-care service was started during 1966 in conjunction with the diabetic clinic at Sharoe Green Hospital. A health visitor attends the clinic discussing problems with old and new patients and consults with the doctor and the dietitian about treatment and diet. During the year she paid 598 visits to patients in their own homes, and also 40 visits to patients who had failed to keep appointments at the clinic. During the years the health visitor has been in contact with 53 immigrant adults and one immigrant child suffering from diabetes. A considerable amount of the health visitor's time is spent dealing with these people. Many difficulties are encountered due to language problems and differing cultural patterns. To try to overcome some of the difficulties, after much thought and preparation by members of the hospital and community staff concerned with this problem, a diabetic discipline code has been translated and printed in Urdu and Gujarati.

### **Over Sixties Club**

The three clubs which function within local authority premises in Ribbleton, Greenbank and Brookfield Health Clinics have continued to flourish. They each meet once per week—two in the evening and one in the afternoon and all have had a programme of varying and interesting events throughout the year.

The members really do look forward to their meetings and activities and are very grateful that they have such comfortable surroundings in which to meet. As they say "their activities and meeting together keeps them young".

### **Parents Clubs**

The three clubs, which run in conjunction with the Avenham, Ribbleton and Greenbank Health Clinics, have had a quite satisfactory year, although the Avenham Club suffered a severe setback when the secretary, of many years standing, was struck by lightning receiving very serious injuries. She has not returned to the club since and it is doubtful if she will do so. We are extremely grateful for all the voluntary work she has done so ably and willingly over the year—she will be difficult to replace.

The clubs offered an atmosphere in which young mothers, sharing similar problems, can meet and talk. This is as important as any lectures, demonstrations or observation visits which may be arranged.

## **COMMUNITY NURSING**

### **Staffing**

During the year the establishment was increased by three whole-time district nursing sisters and three whole-time nursing auxiliaries. Three sisters left the Service: one married, one retired, and one returned to hospital service. All three vacancies were easily filled.

Two sisters successfully completed the district nurse training course and were awarded certificates.

### **Service**

Demands for the home nursing service are continually increasing and the auxiliary nurses have been in great demand for aid to the aged and handicapped.

During the year 2,980 patients received 83,214 visits, 2,164 of these were new patients. In addition, 298 patients received treatments in the doctors surgeries of the five group attachments. A very high proportion of the visits was paid to patients in the 65+ age groups and 29 of these were patients in residential homes for the elderly.

### **General Practitioner Attachment and Ashton Health Centre**

Five General Practitioners working from Ashton Health Centre have a whole-time attachment of four nursing sisters and one auxiliary nurse, who undertake

home visiting and the staffing of the treatment room in the Health Centre. In 1972 1,203 patients received treatment here.

Five Group Practices have district nurse attachments and four of these practices have surgery treatment rooms. These procedures save time for both patients and nursing staff.

An evening clinic has been held at Saul Street Health Clinic from Monday to Friday 5.15 to 7 p.m. for the convenience of work people requiring treatment. The sister staffing this clinic has also visited ill patients needing late evening sedation. There were 1,194 injections given to patients attending the clinic and 868 visits have been made to patients on the late call list.

### **Laundry Service**

This service which has continued to be provided from the laundry at the Civic Hostel has been a boon to nurses and relatives caring for the incontinent sick. During the year laundry service was provided for 41 patients.

## **CHILD HEALTH SERVICES**

### **Child Health Clinics**

Eleven clinics each provide regular child health sessions for physical and developmental assessment of infants and young children, health visitor and medical advice and immunisation. In addition there is sale of welfare foods and vitamins (see table page 38) and a limited sale of proprietary milk foods. At Deepdale, Ingol and Savick rented church halls are used but the remaining eight clinics are in local authority premises: seven health clinics and Ashton Health Centre.

### **Dental Treatment**

Once again staff shortage restricted dental services for young children as well as for expectant and nursing mothers. Details of treatment given are shown on page 38.

### **Consultant Clinics**

Details of pre-school age children attending Ear, Nose and Throat and Ophthalmic Clinics are given on page 39.

### **Audiology Services**

Screening of hearing in infancy as a routine procedure has necessarily had to be confined to infants "at risk" or handicapped, and those with suspected hearing loss or with evidence of speech or other developmental delay. Screening is carried out by health visitors on infants aged 7-9 months.

Young children are referred to the audiology clinic because of failure to pass screening tests or at the request of a medical officer or consultant. Details of the work of the clinic are shown in the table on page 40.

### **Day Nurseries**

Following the setting up of the Social Services Department, the administration of the three day nurseries was finally taken over by that department on 10th July, 1972. All records were handed over on that date. Some clerical work relating to assessment of fees was left with this department.

### **Pre-School Playgroups**

Responsibility for supervision of the 12 existing playgroups was accepted by the Social Services Department on 10th July, 1972. Arrangements were then in progress for establishing a playgroup at the Parish Hall of St. Peter and Paul R.C. Church to replace the group which had functioned at Tulketh Road Child Health Clinic.

### Registered Child Minders

The number of minders registered on 10th July, 1972 was 180. All records were transferred for further supervision by the Social Services Department.

### Nursery Students

This proved to be another successful year when all 16 students gained the National Nursery Nurse Examination Board Certificate.

The demand for places in the nursery nurse training course continues as the care of the young child appeals to many girls leaving school.

### CERVICAL CYTOLOGY

The Health Department continued to provide cervical cytology services. During the year 1,116 cervical smears were taken compared with 1,069 smears in 1971. Testing of smears was carried out by Christie Hospital Laboratory. Some statistical details concerning cervical cytology work carried out by this department during 1972 are given in the table below and on pages 41 and 42.

Cytology Smears taken during 1972.								
Age Groups	Under 25	25-29	30-34	35-39	40-44	45-49	Over 50	Total
Married ... ..	58	87	149	181	204	159	229	1,067
Single ... ..	19	7	3	8	5	5	2	49
Total ... ..	77	94	152	189	209	164	231	1,116
Gynaecological conditions requiring treatment ...	26	40	75	71	69	49	35	365
Cancer ... ..		1	1			1		3
Suspicious ... ..		3		2	1			6

### CHIROPODY

Details of chiropody treatments given in clinics and home are given in the table on page 42.

### AMBULANCE SERVICE

I am grateful to our Ambulance Officer, Mr. Hart, for this report on the Ambulance Service.

The following table indicates the total number of patients carried in the Borough Ambulance Service during the year and includes all categories of patient. It will be seen that, compared with 1971, the number of patients carried increased by 3,648. Of this increase most was accounted for by geriatric patients taken to the Geriatric Day Hospital which was opened at Sharoe Green Hospital during the summer.

Since this day hospital was opened 10 patients have been conveyed there each week-day in each direction making a total of some 5,000 patient-journeys each year. There is a possibility of an increase in these patients by up to 50% before the end of 1973.



### Radio

New radio equipment was delivered during the year and all ambulance vehicles have been equipped with new Pye Westminster mobile radio sets. Initially these sets are crystallised on one frequency only but can be operated on up to six channels on reorganisation of the Health Services in 1974. A new radio transmitter sited on the top floor of Northumberland House, remotely controlled from the ambulance station, gives excellent radio cover within the Borough and surrounding districts.

A radio link giving communication between ambulances on the road and the Casualty Department at Preston Royal Infirmary on a shared cost basis, has been ordered. Six Pye personal radio sets have also been ordered which will enable the crews of emergency ambulances to maintain contact during those occasions when one ambulanceman has to leave the vehicle, i.e. docks, bus and railway stations, high rise flats, etc. Use of this radio will prove particularly effective at night and at weekend when emergency ambulance cover only is available.

### Vehicles

An additional ambulance was authorised during the year and an order placed. This brings the fleet up to a total of 13 (eight ambulances and five sitting cars).

### Training

Refresher training of ambulancemen at the Lancashire Training Establishment at Lea has continued.

<b>Ambulance Service.</b>						
Month			Total Work Load			Local Authority Work
			Patients Carried		Mileage	Patients
			Stretcher	Sitting Cases		
January	..	..	1,584	2,745	12,795	323
February	..	..	1,663	2,571	12,822	189
March	..	..	1,781	2,950	15,046	434
April	..	..	1,376	2,362	12,514	238
May	..	..	1,527	3,178	13,886	421
June	..	..	1,392	3,162	14,192	339
July	..	..	1,450	2,738	13,559	177
August	..	..	1,293	2,737	13,411	181
September	..	..	1,237	2,288	12,135	236
October	..	..	1,249	2,798	13,014	328
November	..	..	1,502	3,319	16,175	321
December	..	..	1,311	2,382	12,379	280
Total	..	..	17,365	33,230	161,928	3,467
	(1971)		(16,010)	(30,996)	(153,223)	(3,408)

### PRESTON EXECUTIVE COUNCIL

I am grateful to Mr. C. Webster, Clerk of the Executive Council for the following information:

### Medical Services

The number of patients registered on doctors' lists at 1st January, 1973, was 103,344. Medical Services were provided by 72 practitioners, 50 of whom were the responsibility of the Council, and 64 of whom were also included in the Council's Obstetric List for the provision of Maternity Medical Services.

The total gross payments for General Medical Services for the year ending 31st March, 1973, was £399,355.45.

### Pharmaceutical Services

On the 1st January, 1973, there were 35 Chemists' establishments on the Council's Pharmaceutical List for the supply of medicines and appliances, and eight contractors for the supply of appliances only. The Council's Rota Service Scheme providing for establishments in different parts of the town to be open for one hour each evening after the normal hour of closing, except Saturday, and one hour each Sunday, Local and Bank Holidays, continued to operate satisfactorily throughout the year.

During the year 23 test prescriptions were taken, all but one of which were satisfactorily dispensed.

The total cost for the supply of medicines and appliances amounted to £568,817.21 of which charges paid by patients amounted to £62,792.45.

The amount paid for Rota Services was £1,543.50.

746,270 prescriptions were dispensed by chemists during the year.

### Dental Services

At 1st January, 1973, there were 30 Dental Practitioners on the Council's Dental List. The total cost for the supply of dental appliances, extractions and conservative treatment was £326,033.78, of which charges paid by patients towards such treatment amounted to £80,240.09.

### Ophthalmic Services

At 1st January, 1973, there were four Ophthalmic Medical Practitioners, 20 firms of Ophthalmic Opticians and one firm of Dispensing Opticians on the Council's Ophthalmic List. 25,968 applications for glasses were received during the year, as compared with 25,649 the previous year. Of the number of sight tests provided 15,877 cases were supplied with glasses under the National Health Service. Applications for replacement or repair of glasses totalled 904, of which 699 were approved.

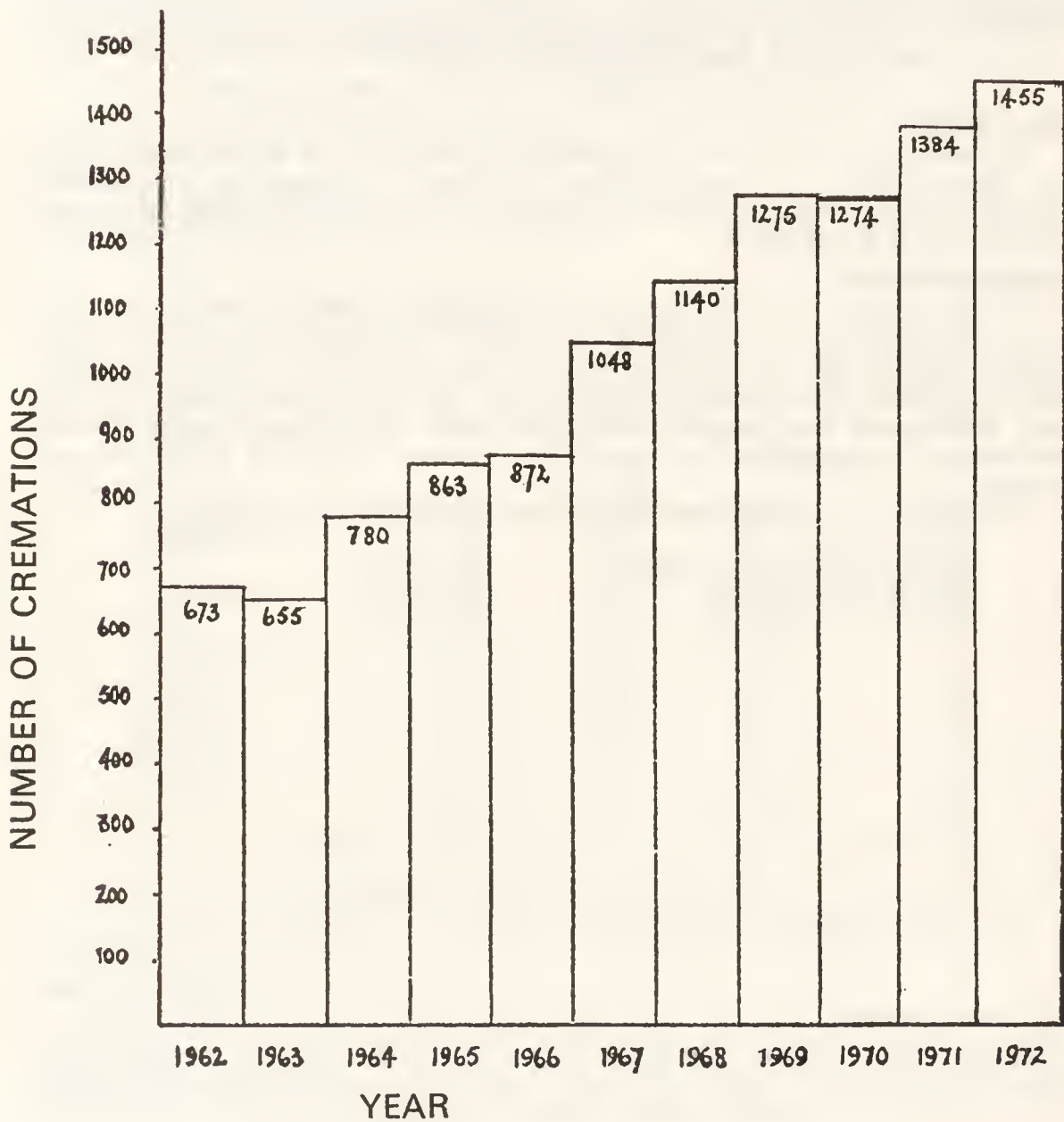
The total cost to the Council for this branch of the Service was:

Sight Testing .. .. .	£39,130.67
Supply and Repair of Glasses .. ..	£64,972.07
Less Paid by Patients .. ..	£55,980.95
	<hr/>
	£48,121.79



**CREMATION**

The Medical Officer of Health continued to act as Medical Referee to the Preston Crematorium, with Dr. Perera and Dr. Dowling acting as deputies.



### Place of delivery of Preston mothers.

Place of confinement	Available beds	No. of Preston deliveries
Domiciliary ... ..	—	259
Sharoe Green Hospital ... ..	53	767
Preston Royal Infirmary ... ..	48	433
Preston Royal Infirmary, GP. Unit ... ..	9	107
Other hospitals ... ..	—	4
Totals ... ..	110	1,570

### Mortality of Premature Infants.

Birth Weight	Died within 24 hrs. of birth	Died in 1 & under 7 days	Died in 7 & under 28 days	Survived 28 days	Total
<b>Babies born at home or in a nursing home and nursed entirely at home or in a nursing home—</b>					
2 lbs. 3 ozs. or less ... ..	—	—	—	—	—
2 lbs. 4 ozs. to 3 lbs. 4 ozs. ... ..	—	—	—	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs. ... ..	—	—	—	1	1
4 lbs. 7 ozs. to 4 lbs. 15 ozs. ... ..	—	—	—	2	2
5 lbs. to 5 lbs. 8 ozs. ... ..	—	—	—	7	7
Total ... ..	—	—	—	10	10
<b>Babies born at home and transferred to hospital—</b>					
2 lbs. 3 ozs. or less ... ..	2	—	—	—	2
2 lbs. 4 ozs. to 3 lbs. 4 ozs. ... ..	1	1	—	—	2
3 lbs. 5 ozs. to 4 lbs. 6 ozs. ... ..	—	—	—	—	—
4 lbs. 7 ozs. to 4 lbs. 15 ozs. ... ..	—	—	—	1	1
5 lbs. to 5 lbs. 8 ozs. ... ..	—	—	—	1	1
Total ... ..	3	1	—	2	6
<b>Babies born in hospital—</b>					
2 lbs. 3 ozs. or less ... ..	6	1	—	—	7
2 lbs. 4 ozs. to 3 lbs. 4 ozs. ... ..	2	1	—	8	11
3 lbs. 5 ozs. to 4 lbs. 6 ozs. ... ..	—	—	—	20	20
4 lbs. 7 ozs. to 4 lbs. 15 ozs. ... ..	—	—	—	28	28
5 lbs. to 5 lbs. 8 ozs. ... ..	—	—	—	60	60
Total ... ..	8	2	—	116	126
GRAND TOTALS ... ..	11	3	—	128	142

# Congenital Malformations Apparent at Birth, 1972.

## DIAGNOSTIC GROUP

Sub-Group		Central Nervous System	Eye and Ear	Alimentary System	Heart and Circulatory System	Respiratory System	Urino-Genital System	Limbs	Other parts Musculo-Skeletal System	Other Systems	Other Malformations
		(0)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
0	Unspecified Malformations of Respiratory System ... Polydactyly ... Other Malformations of Musculo-Skeletal System (including Congenital Hernias except Hiatus Hernia) ... Other and Unspecified Congenital Malformations ...					2		3	1		3
1	Anencephalus ... Cleft Lip ... Malformations of Skull or Face Bones... Other Malformations of Face and Neck ...	3		2					2	1	
2	Cleft Palate ... Undescended Testicle ...			1			1				
3	Reduction Deformity Leg or Foot ... Pigmented Naevus ...							1		1	
4	Hydrocephalus ... Tracheo-Oesophageal Fistula, Oesophageal Atresia and Stenosis ... Other Specified Malformations of Skin including Ichthyosis Congenita ...	8		1						2	
5	Malformations of Female Vagina and External Genitalia ... Talipes ...						1	17			
6	Down's Syndrome (Mongolism) ...										1
7	Hypospadias, Epispadias ...						4				
8	Spina Bifida ... Accessory Auricle ...	8	1								
9	Specified Malformations of Heart and Circulatory System ... Other Specified Malformations of Respiratory System ... Other Specified Malformations of Urino-Genital Organs (includes Pseudo-hermaphroditism) ... Unspecified Limb Malformations ... Omphalocele Exomphalos (excluding Umbilical Hernia) ...				3	1	1	3		1	
	Total ...	19	1	4	3	3	7	24	3	5	4

### Health Visiting — Cases seen by Health Visitors during 1972.

Type of Case		Total number of cases seen (1)	Number of cases included in col (1) seen at special request of:	
			Hospital (2)	G.P. (3)
1	Children born in 1972 ... ..	1,494	43	127
2	Other children aged under 5 ... ..	5,642	49	143
3	Persons aged between 5 and 16 seen as part of health visiting (i.e. excluding those seen as part of school health service) ... ..	146	13	69
4	Persons aged between 17 and 64 ... ..	136	25	102
5	Persons aged 65 and over ... ..	1,285	174	361
6	Households visited on account of tuberculosis ... ..	312	312	—
7	Households visited on account of other infectious diseases ... ..	236	74	162
8	Households visited for any other reason ... ..	319	106	213
9	TOTAL ... ..	9,570	796	1,177
Number of persons included in lines 1–5 above who are:				
10	Mentally handicapped ... ..	7	—	7
11	Mentally ill ... ..	15	2	13

### Health Education Sessions attended by Health Visitors.

12	At health centres ... ..	23
13	At G.P. premises (excluding those in health centres) ... ..	1
14	At maternity and child health centres ... ..	10
15	At School ... ..	47
16	In hospital ... ..	—
17	Elsewhere ... ..	10
18	TOTAL ... ..	91
19	Number of health education sessions attended by school nurses ... ..	18

### Case Conferences.

Number of case conferences attended by health visitors with:	20	Social Workers ... ..	289
	21	Hospital Staff ... ..	272
	22	General practitioners ... ..	810
	23	Any combination of above ... ..	45
	24	Others (i.e. none of the above present) ... ..	368
	25	TOTAL ... ..	1,784

### Work of Community Nurses.

Place where first treatment during year by the home nurse took place		Number of persons treated during year aged			
		Under 5 (1)	5-64 (2)	65 and over (3)	Total (4)
Patient's home ... ..		86	1,157	1,708	2,951
Health Centres ... ..		20	840	343	1,203
G.P.'s premises (excluding those in health centres) ... ..		15	233	50	298
Maternity and child health centres ... ..		—	16	3	19
Hospital ... ..		—	—	—	—
Residential homes ... ..		—	2	27	29
Elsewhere ... ..		—	—	—	—
Total ... ..		121	2,248	2,131	4,500

### Quantities of Welfare Foods sold.

	National dried milk	Orange Juice	Cod liver oil	A and D Vitamin Tablets	Vitamin Drops	A, D and C Vitamin Tablets
Welfare Foods Centre, Market Street ..	2,996	2,391	159	187	582	619
Child Health Centres ..	3,269	4,517	423	398	4,830	619
Total ..	6,265	6,908	582	585	5,412	1,238
		FINISHED 27.5.72	FINISHED 30.9.72	FINISHED 10.6.72		C'MENCED 20.5.72

### Dental Treatment.

	Children 0—4 years	Expectant and nursing mothers
Inspections		
First inspections .. .. .	12	1
Requiring treatment .. .. .	6	1
Offered treatment .. .. .	4	1
Re-inspected .. .. .	1	—
Visits		
First .. .. .	25	2
Subsequent .. .. .	11	7
Total .. .. .	36	9
Additional Courses of treatment commenced .. .. .	1	—
Fillings .. .. .	5	—
Teeth filled .. .. .	7	—
Teeth extracted .. .. .	30	11
General Anaesthetics .. .. .	12	1
Emergencies .. .. .	18	—
Prophylaxis .. .. .	—	—
Teeth otherwise conserved .. .. .	4	—
Courses of treatment completed .. .. .	21	2



### Ear, Nose and Throat Clinic — Pre-school children.

New cases .. .. .	8
Re-inspections .. .. .	4
Referred for :   Operative treatment .. .. .	6
Treatment in clinic .. .. .	—
Observation .. .. .	4
X-ray .. .. .	—
Audiometry Test .. .. .	1
Deaf Aid .. .. .	—
Treatment :   Operative .. .. .	—
Clinic .. .. .	—
 Total Attendances .. .. .	 12

### Ophthalmic Clinic — Pre-school children.

Children dealt with .. .. .	42
New cases .. .. .	26
Refractions .. .. .	29
Re-inspections .. .. .	54
Prescriptions given .. .. .	19
Referred for :   Operative treatment .. .. .	—
Orthoptic treatment .. .. .	9
 Total Attendances .. .. .	 80

<b>Audiology Clinic, 1972.</b>						
NEW CASES ATTENDED				0—1	1—5	5—15
Referred by	Paediatrician	...	...	—	11	—
	Departmental Medical Officers	...	...	2	16	1
	Health Visitors	...	...	2	35	—
	E.N.T. Dept.	...	...	—	—	—
	Others	...	...	—	4	2
Total				4	66	3
REFERRED TO E.N.T.						
	Hearing Loss	...	...	—	—	—
	Other Causes	...	...	—	3	—
Total				—	3	—
FOR CONTINUED OBSERVATION						
	Speech Defects	...	...	—	8	—
	Mentally Retarded	...	...	1	—	—
	Other Causes	...	...	—	12	—
Total				1	20	—
Discharged				3	43	3
<b>CASES REVIEWED - PREVIOUSLY ATTENDED IN 1971.</b>						
Total carried forward from 1971				—	14	—
Discharged				—	7	—
Referred E.N.T.				—	3	—
Referred Speech Therapy				—	1	—
Continued Observation				—	3	—

**Cervical Cytology.  
Analysis of Attendances.**

Age Groups	..	..	..	Under 25	25-29	30-34	35-39	40-44	45-49	Over 50	Total
				77	94	152	189	209	164	231	1,116
Married	..	..	..	58	87	149	181	204	159	229	1,067
Single	..	..	..	19	7	3	8	5	5	2	49
Social Class	..	..	1	1	4	6	5	5	1	2	24
			2	5	3	11	17	24	12	24	96
			3	55	69	109	127	140	118	144	762
			4	3	7	7	10	20	13	19	79
			5	6	9	14	18	12	14	18	91
		Not known		7	2	5	12	8	6	24	64
				77	94	152	189	209	164	231	1,116
Parity	..	..	0	37	16	4	13	16	8	17	111
			1	25	19	27	17	41	39	43	211
			2	10	38	56	64	53	48	77	346
			3	3	18	38	47	46	32	39	223
			4	1	2	18	27	37	20	31	136
			5	1	1	6	10	7	8	11	44
			6	—	—	2	7	5	5	7	26
			7+	—	—	1	4	4	4	6	19
				77	94	152	189	209	164	231	1,116

Cervical Cytology. Analysis of Findings.								
Findings on Examination ..	Under 25	25-29	30-34	35-39	40-44	45-49	Over 50	Total
Normal .. ..	43	48	63	105	109	102	170	640
ABNORMAL								
Gynaecological .. ..	26	40	75	71	69	49	35	365
Infections .. ..	9	9	19	23	23	12	20	115
Cancerous .. ..	—	1	1	—	—	1	—	3
Suspicious .. ..	—	3	—	2	1	—	—	6
GYNAECOLOGICAL CONDITIONS								
Chronic Cervicitis & Erosions	26	40	75	69	67	45	30	352
Cervical Polypus .. ..	—	1	—	2	3	6	7	19
Fibroids .. ..	—	—	—	—	—	—	—	—
Other .. ..	—	—	—	—	—	—	—	—
INFECTIONS								
Trichomonas Vaginitis ..	1	4	9	12	11	8	9	54
Monilia .. ..	2	1	6	7	9	1	5	31
Leptothrix .. ..	—	—	—	1	—	—	2	3
Non-specific .. ..	6	3	4	3	3	3	5	27
PARITY	A B	A B	A B	A B	A B	A B	A B	A B
0	5 5	3 —	— —	— 2	5 2	— 2	1 1	15 12
1	11 2	12 2	11 4	3 —	11 6	11 4	6 5	65 23
2	7 2	18 4	23 8	33 9	20 3	17 4	10 7	128 37
3	2 —	6 3	22 5	16 5	15 4	10 1	4 2	75 20
4	1 —	1 —	13 2	9 2	14 5	5 —	9 4	52 13
5	— —	— —	4 —	2 2	3 2	3 —	2 —	14 4
6	— —	— —	1 —	3 1	1 —	1 —	2 —	8 1
7+	— —	— —	1 —	4 2	— 1	2 1	1 1	8 5
	26 9	40 9	75 19	71 23	69 23	49 12	35 20	365 115

A—Gynaecological Conditions

B—Infections

Chiropody.	
<b>Persons treated</b>	
Persons aged 65 and over .. ..	1,198
Physically handicapped or otherwise disabled persons under age 65 years	13
Expectant Mothers .. ..	—
Others .. ..	14
Total Persons .. ..	1,225
<b>Treatment given</b>	
In clinics .. ..	4,007
In Patients' homes .. ..	1,405
Total Treatments .. ..	5,412

## Epidemiology

I am grateful to Dr. Perera for the following report.

1972 was an uneventful year for infectious diseases. The table below gives the incidence of notifiable diseases during the past 10 years.

Notifiable Infectious Diseases — Notifications, 1963-1972.										
Disease	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972
Anthrax .. ..	—	—	—	—	—	—	—	—	—	—
Diphtheria .. ..	—	—	—	—	—	—	—	—	—	—
Dysentery .. ..	73	23	88	44	467	78	146	73	114	33
Encephalitis (Acute) ..	—	—	—	1	—	—	1	—	—	1
Food Poisoning .. ..	16	9	6	16	25	9	78	41	38	21
Infectious Hepatitis ..	44	34	28	23	65	52	482	135	53	51
† Leprosy .. ..	—	—	—	1	—	—	1	1	—	—
* Leptospirosis .. ..	—	—	—	—	—	—	—	—	—	—
Malaria .. ..	1	—	1	1	—	—	—	—	1	—
Measles .. ..	312	1548	422	1541	279	593	64	783	54	133
Meningitis Acute .. ..	—	—	1	—	—	2	—	2	3	1
Ophthalmia Neonatorum ..	—	1	1	2	1	3	1	1	—	—
Paratyphoid Fever .. ..	—	—	—	—	—	—	—	—	—	—
Poliomyelitis (Acute) ..	—	—	—	—	—	—	—	—	—	—
Scarlet Fever .. ..	46	56	91	78	62	28	28	43	71	49
Smallpox .. ..	—	—	—	—	—	—	—	—	—	—
* Tetanus .. ..	—	—	—	—	—	—	—	—	—	—
Tuberculosis, Pulmonary ..	48	46	40	36	55	50	28	41	30	41
Tuberculosis, Non-Pulmonary	6	9	7	11	12	5	8	20	14	6
Typhoid Fever .. ..	—	—	—	—	4	1	1	—	—	—
Whooping Cough .. ..	20	100	2	33	54	16	18	46	28	1
* Yellow Fever .. ..	—	—	—	—	—	—	—	—	—	—

\*Notifiable only since 1st October, 1968.  
†Locally notifiable since 1st March, 1966.

In general the incidence of notifiable diseases during 1972 compared with those of the previous year does not show any significant differences.

### Measles

Measles incidence in Preston over the years shows the general biennial pattern. It is worth noting that since the introduction of measles vaccination (1968) there has been a marked progressive decline in the number of notified cases of measles. If this biennial pattern continues it is logical to expect a very low incidence of measles during 1973.

### Tuberculosis

During the last decade the incidence of tuberculosis in Preston has remained more or less unchanged. This is disheartening in view of the fact that there has been a definite progressive decline in the incidence of tuberculosis in most parts of the country.



### *Incidence and Mortality*

The number of new cases notified during 1972 was 47 (41 Respiratory and six Non-Respiratory) compared with 44 for the previous year. Tuberculosis notifications during the last 10 years are given in the preceding table. Analysis of Tuberculosis notifications during the year is given in the following table.

During the year six persons died from tuberculosis, four cases of tubercular meningitis, two of pulmonary tuberculosis. This gives a case mortality of 1.05% and a death rate per thousand population of 0.06.

<b>Tuberculosis Notifications, 1972.</b>														
Age groups (years)	No. of initial Notifications of new cases of Tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75	Total all ages
Respiratory, Males ...	—	—	—	—	2	3	1	3	4	2	5	1	1	22
Respiratory, Females ...	—	—	—	—	3	3	2	6	3	1	1	—	—	19
Non-Respiratory, Males ...	—	—	2	—	1	—	—	1	—	—	—	—	—	4
Non-Respiratory, Females ...	—	—	—	1	—	—	—	—	—	1	—	—	—	2

### **Preventive Care and After-Care Services**

#### *Ascertainment of Contacts:*

In every case after receipt of a notification a visit is paid to the house with the object of tracing contacts and arrangements are made for their examination at the Chest Clinic. One health visitor attached to the Chest Clinic provides liaison between the Chest Clinic and this department.

Tuberculin testing and B.C.G. vaccination, where appropriate, were carried out by the staff of this department.

Monthly sessions of the Mobile Chest X-Ray Unit continued during the year at Saul Street Clinic.

#### **B.C.G. Vaccination of School Children**

Routine B.C.G. vaccination of school children at the age of 13 years was continued during the year. In addition a special programme for tuberculin testing and B.C.G. vaccination of all Asian school children irrespective of their ages, was introduced towards the end of 1972. Initial response to the programme was very good with about 95% acceptance. Attempts were made to follow up the remainder with the help of the Community Relations Officer and his staff.

**T.B. Register**

The state of the T.B. register as at 31st December, 1972 is shown in the accompanying table.

<b>Tuberculosis Register.</b>							
	Respiratory			Non-respiratory			Total Cases
	Male	Female	Total	Male	Female	Total	
Number of cases on the Register 31st December, 1972	256	190	446	62	63	125	571
Number of cases removed from the Register during 1972							
1. Withdrawal of notification ... ..	—	—	—	—	—	—	—
2. Recovery from the disease... ..	6	2	8	1	1	2	10
3. Deaths (all causes) ...	7	—	7	1	—	1	8
4. Outward Transfers ...	4	—	4	1	1	2	6
5. Other reasons (e.g. no trace) ... ..	—	1	1	—	—	—	1

**B.C.G. Vaccination of thirteen-year-old school children.**

	Number Tested	Number Positive	Percentage of Number tested found Positive
1955 ... ..	1,037	253	24.4
1956 ... ..	1,039	286	27.5
1957 ... ..	982	269	27.4
1958 ... ..	1,071	245	22.9
1959 ... ..	1,033	190	18.4
1960 ... ..	1,492	265	17.76
1961 ... ..	1,512	272	17.99
1962 ... ..	1,454	296	20.36
1963 ... ..	1,241	319	20.93
1964 ... ..	1,241	239	19.26
1965 ... ..	1,309	226	17.27
1966 ... ..	1,375	177	12.8
1967 ... ..	1,385	240	17.3
1968 ... ..	1,466	239	16.3
1969 ... ..	1,482	230	15.5
1970 ... ..	1,581	259	16.4
1971 ... ..	1,452	255	17.6
1972 ... ..	1,531	221	14.4

### SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases include the legally defined venereal diseases namely syphilis, gonorrhoea, chancroid and also other diseases such as lymphogranuloma venereum, granuloma inguinale and other non-specific genital infections. Altogether 491 persons resident in Preston County Borough were seen as new cases at the Special Clinic during the year. Of these 157 were cases of gonorrhoea and five were cases of syphilis.

Facilities for the treatment of seamen are made known to the ships' masters by the Port Health Inspector. During 1972, 32 seamen attended the Special Clinic as new cases.

Statistical details of this work carried out by the Special Clinic at Preston Royal Infirmary are given in the following table.

Sexually transmitted diseases.						
Local Health Authority area of residence of patient	Number of new cases in the year					
	Syphilis		Gonorrhoea	Other Genital Infections	Other Conditions	Totals all conditions
	Primary & Secondary	Other				
PRESTON	1	4	157	166	163	491
LANCASHIRE	1	1	39	141	197	379
ALL OTHERS	2	1	5	8	5	21
Totals	4	6	201	315	365	891

### IMMUNISATION

The schedule of immunisation used in Preston is given in the table below. Details of immunisations carried out during the year are given in the subsequent tables.

Schedule of Immunisation — Preston.		
Approximate Age	Prophylactic	Interval from previous Immunisation
6 months .. .. .	1st triple antigen 1st oral polio vaccine	After interval of 6 weeks  After interval of 6 months After interval of 4 weeks
Approx. 7/8 months ..	2nd triple antigen 2nd oral polio vaccine	
Approx. 13/14 months ..	3rd triple antigen 3rd oral polio vaccine	
Approx. 15 months ..	Measles vaccination	
5 years (school entry) ..	Booster diph./tetanus and oral polio vaccine	
13 years .. .. .	Rubella vaccination (girls only) B.C.G. vaccination (tuberculin negative children)	After interval of 4 weeks
15 years (school leaving) ..	Booster diph./tetanus and oral polio vaccine	

**Immunisation — Triple Antigen.**  
**Complete Primary Courses for Children under 5 years.**

				Year of Birth						
				1967	1968	1969	1970	1971	1972	Total
Annual Births .. ..				1,865	1,860	1,771	1,776	1,610	1,576	
YEAR OF IMMUNISATION	1967 .. ..			466						466
	1968 .. ..			856	50					906
	1969 .. ..			365	815	25				1,205
	1970 .. ..			56	423	775	23			1,277
	1971 .. ..			14	37	394	668	8		1,121
	1972 .. ..			7	24	33	451	741	3	1,259
Total .. ..				1,764	1,349	1,227	1,142	749	3	6,234
% Immunised as at 31.12.72				94.6%	83.3%	69.3%	64.3%	46.5%		

**Immunisation, 1972 — Children under 16 years.**

				Number of Completed Primary Courses	Number of Re-inforcing Doses
Diphtheria .. ..				1,408	1,295
Whooping Cough .. ..				1,271	22
Tetanus .. ..				1,412	1,300
Poliomyelitis .. ..				1,305	1,317
Measles .. ..				1,094	—
Rubella .. ..				444	—



**Immunisation. — Measles.** (commenced 1st May, 1968).

YEAR OF IMMUNISATION		Year of Birth																		Total
		1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972		
	Annual Births	1843	1933	1864	1964	2023	2037	2210	2070	2152	2031	1956	1865	1860	1771	1776	1610	1576		
	1968 ..	198	168	219	180	298	313	406	327	301	359	450	325	8	—	—	—	—	3,552	
1969 ..	4	8	6	6	5	7	6	22	75	101	115	192	125	5	—	—	—	677		
1970 ..	1	1	3	1	3	2	2	9	23	55	68	131	598	404	4	—	—	1,305		
1971 ..	2	—	—	—	1	—	1	4	5	30	18	42	64	331	448	1	—	947		
1972 ..	3	5	9	10	16	15	17	15	17	24	33	44	50	76	399	358	3	1,094		
Total	208	182	237	197	323	337	432	377	421	569	684	734	845	816	851	359	3	7,575		

**Immunisation — Rubella.**

Year of Birth		1951	1952	1953	1954	1955	1956	1957	1958	1959	Total
Annual Births		1,962	1,960	1,914	1,823	1,832	1,843	1,933	1,864	1,964	
YEAR OF IMMUNISATION	1970	1	4	11	28	44	298	433	—	—	819
	1971	—	—	—	—	2	18	291	294	23	628
	1972	—	—	—	—	—	3	6	59	376	444
Total		1	4	11	28	46	319	730	353	399	1,891

## **Environmental Health**

I am grateful to Mr. Edwin Worth and to senior members of staff in his section for the reports on environmental health.

### **HOUSING**

#### **Clearance Areas**

The Pole Street Compulsory Purchase Order, 1971, containing five unfit houses and two fit houses and the Guy's Row Compulsory Purchase Order, 1971, containing six unfit houses and one other building were unopposed and confirmed without modification during the year.

The Curwen Street, etc., Compulsory Purchase Order, 1971, containing 92 unfit houses, 14 fit houses and three other buildings, the subject of a public enquiry in 1972, was subsequently confirmed by the Secretary of State for the Environment with one modification, i.e. one unfit house which had been adapted for use in connection with adjoining business premises outside the order was considered to no longer have the characteristics of a house and was excluded from the order.

All houses comprising the 1954 clearance programme have now been dealt with, resulting in the inclusion of 7,707 houses in clearance area representations as shown in the table on page 50 and the orders in which they were included have been confirmed.

These orders as confirmed contained:

7,565 unfit houses      1,106 fit houses      and 385 other buildings

after various modifications including the following:

There were 57 unfit houses excluded from subsequent orders: 45 already Council-owned, 11 by agreement with the owners to demolish and re-develop the sites privately and one in respect of which planning permission had been given for change of use.

There were 85 clearance area houses reclassified comprising 54 considered to be not unfit, 26 considered to have lost the characteristics of houses or to be not predominantly houses and five considered to be not badly arranged.

A further 22 houses regarded as not unfit were retained in clearance areas on the grounds of bad arrangement.

During the year Council approval was given to the implementation of a further clearance programme during the period 1972-1985. This will include the inspection of some 4,700 houses at an average rate of about 330 each year.

Following a survey of the first group of properties included in the new programme, representations were made in respect of 270 unfit houses comprising the

1954 Clearance Programme — Clearance areas represented.												
Year of Representation	Number of properties included in Clearance Areas and subsequent Orders				Total number of properties							
	Unfit Houses		Fit Houses		Unfit Houses			Fit Houses			Other Buildings	
	Unfit Houses	Fit Houses	Other Buildings	...	Demolished	Empty	Occupied	Demolished	Empty	Occupied	Demolished	Empty
1954	169	(169)	1	(1)	169	—	—	1	—	—	11	—
1955	268	(262)	13	(13)	262	—	—	13	—	—	13	—
1956	354	(354)	44	(44)	354	—	—	44	—	—	27	—
1957	184	(177)	14	(9)	177	—	—	9	—	—	11	—
1958	370	(363)	71	(75)	363	—	—	75	—	—	27	—
1959	307	(306)	82	(67)	306	—	—	67	—	—	22	—
1960	274	(269)	69	(70)	269	—	—	70	—	—	17	—
1961	486	(474)	239	(240)	474	—	—	240	—	—	36	—
1962	945	(916)	108	(116)	916	—	—	116	—	—	76	—
1963	1,683	(1,654)	121	(118)	1,654	—	—	118	—	—	76	—
1964	860	(847)	92	(92)	846	1	—	92	—	—	17	—
1965	674	(661)	67	(75)	661	—	—	75	—	—	27	—
1966	169	(168)	17	(17)	168	—	—	17	—	—	4	—
1967	345	(338)	45	(50)	338	—	—	50	—	—	9	—
1968	226	(224)	60	(61)	224	—	—	61	—	—	3	—
1969	279	(270)	36	(42)	89	139	42	14	18	10	1	—
1970	11	(11)	—	(—)	7	1	3	—	—	—	—	—
1971	103	(102)	16	(16)	—	30	72	—	5	11	—	3
TOTALS	7,707	(7,565)	1,095	(1,106)	7,277	171	117	1,062	23	21	377	5

Figures shown in brackets indicate the number of properties included in orders as confirmed after various modifications

Maudland Bank, etc., and Trinity Square, etc., groups of clearance areas. These houses were included in the following Orders:

**Preston (Maudland Bank, etc.) Compulsory Purchase Order, 1972**

Unfit houses .. 254(\*)    Fit houses .. 58    Other buildings .. 8

**Preston (Trinity Square, etc.) Compulsory Purchase Order, 1972**

Unfit houses .. 13

(\*) Three houses included in a clearance area as unfit were excluded from the subsequent order as they were already in Council ownership.

Shortly before these orders were submitted to the Secretary of State for the Environment for confirmation residents in the areas involved were invited to visit a nearby church hall where officials from the appropriate departments would be available on three evenings to answer questions and discuss problems.

The sessions were well attended and enquiries were made by the occupiers of 189 premises regarding procedure, classification of properties, compensation, re-housing, redevelopment, etc. Public health inspectors dealt with questions related to the work of the Health Department.

As a result of inspection of 25 houses in St. Barnabas' Place it was decided that clearance action in this area was not justified and the properties were deleted from the clearance programme.

**Individual Unfit Houses**

Reports were submitted by the Chief Public Health Inspector and accepted by the Council in respect of four individual unfit houses under Section 16 of the Housing Act, 1957. During the year the Council made four closing orders in relation to such houses, one of which was made following failure by the owner to comply with an undertaking previously given to make a house fit for habitation within a specified period.

Four houses the subject of demolition orders and one building of which part was the subject of a closing order were demolished.

An undertaking not to use a house for human habitation was cancelled following completion of the works necessary to make the house fit. A further house in respect of which action had previously been deferred to enable the owner to complete works already in hand was made fit.

**Demolition**

A total of 210 premises comprising 170 unfit houses, 38 fit houses and two other buildings were demolished during the year under review as a result of Housing Act action.

**Repair of Unfit Houses**

One informal and two formal notices were served under the Housing Act, 1957 in respect of houses regarded as capable of being made fit at reasonable expense and four houses were made fit as a result of such action.

Under the same act one informal and two formal notices were also served in respect of houses which, although not unfit, were in a state of substantial disrepair.

Public Health Act procedure has been used to deal with general disrepair of houses.



### Housing Consolidated Amendment Regulations, 1932

The following table gives the information required under the above regulations

<b>Housing Acts, 1957—1969.</b>	
<b>Action taken in respect of unfit houses under the above Acts.</b>	
Number of houses which on inspection were considered to be unfit for human habitation ... ..	275
Number of Representations made or reports submitted to the Council —	
(a) with a view to service of Notices requiring execution of works	2
(b) with a view to making of Demolition Orders or Closing Orders...	4
(c) with a view to declaring Clearance Areas (Number of houses)	270
Number of notices served requiring execution of works —	
(a) informal ... ..	1
(b) formal ... ..	2
Number of houses rendered fit after service of —	
(a) informal notice ... ..	1
(b) formal notice ... ..	3
Number of Demolition Orders made under Section 17 of the Housing Act, 1957 ... ..	—
Number of houses purchased by the Council in lieu of making Demolition Orders ... ..	—
Number of Demolition Orders determined and Closing Orders substituted	—
Number of Closing Orders made under Section 17(1) of the Housing Act, 1957 ... ..	4
Number of Closing Orders made under Section 18 of the Housing Act, 1957	—
Number of Undertakings accepted by the Council ... ..	—
Number of houses demolished as a result of Orders made under Sections 17 and 28 of the Housing Act, 1957 ... ..	4
Number of Council-owned unfit houses demolished ... ..	—
Number of houses demolished as a result of Clearance Orders or Compulsory Purchase Orders —	
(a) unfit ... ..	166
(b) fit ... ..	38

### Overcrowding

<b>Overcrowding, 1972.</b>	
Number of complaints received ... ..	2
Number of complaints confirmed and referred to the Housing Committee	—
Number of complaints not confirmed ... ..	2
Number of letters sent to abate overcrowding ... ..	—
Number rehoused by the Local Authority following reference ... ..	—

### Qualification Certificates

Under Part III of the Housing Act, 1969, superceded during the year by Part III of the Housing Finance Act, 1972, the owner of a dwelling let on a controlled tenancy may apply for a qualification certificate to enable the tenancy to be changed from a controlled to a regulated one and a fair rent registered, provided the dwelling reaches a prescribed standard or is to be improved to reach this standard.

Applications are made to the Town Clerk but the public health inspectors recommend whether a certificate should be issued or refused.

<b>Housing Act, 1969 and Housing Finance Act, 1972.</b>				<b>Qualification Certificate Applications.</b>	
				Dwellings already satisfying conditions	Dwellings requiring improvement
Applications pending at end of previous year	..			5	1
Applications made during the year	..	..	..	25	21
Qualification Certificates issued	..	..	..	21 (+ 2) *	—
Qualification Certificates refused	..	..	..	7	—
Applications withdrawn	..	..	..	—	—
Applications rejected (tenancy not controlled)	..		..	2	1
Certificates of Provisional Approval issued	..		..	—	17
Certificates of Provisional Approval refused	..		..	—	2
Applications pending at end of year	..	..	..	—	2
* Figure in brackets indicates Qualification Certificate issued subsequent to Certificate of Provisional Approval.					

### Certificates of Disrepair

No applications for certificates were received during the year.

### Preston House Improvement Campaign

On 22nd March, 1972, the Government designated the County Borough area as an Intermediate Area under the Housing Act, 1971, thereby increasing the amount of grants available from 50% to 75% of the approved cost of modernisation, up to a maximum of £1,500. The increased grants apply only to applications made on or after 22nd March, 1972, provided the work is completed before 23rd June, 1973. (The Government has announced that it will introduce legislation to extend this date by one year).

To publicise the increased grants the Department of the Environment ran a House Improvement Campaign in the town from 26th June to 22nd July. The Council were invited to sponsor a commercial exhibition in conjunction with local builders and plumbers merchants, building contractors, together with the gas, electricity and coal boards.

The exhibition, organised by a public health inspector, Mr. A. Lakeland, was held in the Public Hall from 28th June to 1st July (inclusive) and was to have been opened by the Minister for Housing and Construction, Mr. Julian Amery.

Unfortunately, Mr. Amery was unable to attend and the ceremony was performed by the Guild Mayor. A total of nine stands were featured displaying sanitary ware, heating appliances and building materials and services. The Council's information stand was staffed by the public health inspector concerned and a building inspector, and the Health Education Officer ran a series of film shows relating to house improvements. Additional support was given by the *Lancashire Evening Post* which published a House Improvement Supplement in addition to the five large advertisements placed in successive weeks by the Department of the Environment.

An estimated 1,200 people visited the four-day exhibition. This was a disappointing attendance, but there is no doubt that the increased grants available have resulted in the number of improvement grant approvals being more than three times the number for 1971 whilst the number of applications for standard grants rose by nearly 60%.

### **Improvement Grants**

Applications for grants under the Housing Act, 1969 are made through the Director of Development and Works, but certification as to the fitness or otherwise of the houses concerned, and the estimated useful life of the property after completion of the proposed works is sought from the Public Health Inspectors.

Advice was sought in respect of 155 applications for improvement grants and 471 applications for standard grants. There were 11 houses considered capable of being made fit at reasonable expense with the necessary expected life and a further 74 were considered unlikely to have a life in excess of 15 years. The remainder were considered fit in terms of the grant requests.

### **Compulsory Improvement**

Two representations were made to the local authority to exercise their powers of compulsory improvement under the provisions of the Housing Act, 1964 and two preliminary improvement notices were subsequently served in respect of the houses concerned followed by immediate improvement notices requiring provision of the necessary standard amenities. A third immediate improvement notice was also served following a preliminary improvement notice issued during the previous year.

### **General Improvement Areas**

Works of improvement were completed at eight houses in the Adelphi Improvement Area bringing the total of improved houses to 20 and leaving six unimproved houses remaining. In addition works of environmental improvement were carried out in the area by the Development and Works Department.

During the year 335 houses and 15 house and shop or shop premises were inspected, 95% of them in detail, in an area under consideration for General Improvement Area action. The area is situated immediately to the north of Blackpool Road and is bounded by Brook Street to the west and Hardcastle Road to the east. Concurrently residents were interviewed and the locality surveyed by members of the Urban Renewal Team of the Development and Works Department to assess the potential of the area for environmental improvement. A report is in the course of preparation for submission to the Council.

### **Houses in Multiple Occupation**

There were 62 visits made to such premises during the year. One informal notice requiring the carrying out of works was served under the Housing Act, 1961 whilst two formal and six informal notices were complied with and three houses were vacated.



Action was taken under the provisions of Section 60 of the Housing Act, 1969 in respect of seven multi-occupied houses at which the second floors were not provided, and could not be provided at reasonable expense, with such means of escape from fire as the Council considered necessary. As a result closing orders were made prohibiting the use of the second floor at each of these premises for any purpose other than a purpose approved by the Council. Subsequently satisfactory means of escape were provided to second floors at four of these houses by forming communicating doorways in the party walls between adjoining premises. The four closing orders in respect of these rooms were then determined.

The owner of a house in multiple occupation appealed to Preston Crown Court against a fine of £50 imposed during 1971 for non-compliance with a notice requiring the provision of additional facilities at the premises in question. The appeal was dismissed with costs against the appellant.

### FOOD AND DRUGS

During the year a total of 1,480 visits were made in connection with food, milk and the hygiene of food premises. These visits covered the whole range of activities under the Food and Drugs Act and Regulations made under that Act dealing both with the quality, soundness and safety of food and drink, and the hygiene of its production, processing, storage and sale.

#### Milk

All milk sold within the Borough comes from dairies and farmers outside the Borough. Four registered dairies and eight other distributors operate from these registered premises.

There were also 194 distributors registered for the sale of bottled or cartoned milk from shops.

Most of the milk sold in the Borough is treated—pasteurised, sterilised and ultra heat treated, although a small amount of untreated milk is still sold. Liaison with the staff of adjoining local authorities ensures regular sampling of untreated milk for the presence of milk-borne diseases.

Three complaints of dirty milk bottles were received during the year. These were investigated by the local authorities in whose areas the dairies were situated.

Three complaints of foreign objects in milk bottles were investigated—one of glass, one plastic spoon and one of a mould growth. Formal action is being taken in the case of the glass found in the bottle.

Fourteen samples of ultra heat treated milk were taken and the plate counts were satisfactory.

One sample of untreated (F.B.) milk and three samples of untreated (F.B.) (Channel Islands) milk were taken for Brucellosis test and these were satisfactory. Two samples of untreated (F.B.) (C.I.) milk failed the Methylene Blue test.



**Pasteurised milk samples taken for Phosphatase, Methylene Blue and Turbidity Tests.**

Class of sample	No. of samples taken	Phosphatase		Methylene Blue		Turbidity	
		Passed	Failed	Passed	Failed	Passed	Failed
Pasteurised .. ..	19	19	—	17	2	—	—
Pasteurised (Homogenised) ..	5	5	—	3	2	—	—
Pasteurised (Channel Islands) ..	1	1	—	—	1	—	—
Sterilised .. ..	18	—	—	—	—	18	—
Totals .. ..	43	25	—	20	5	18	—

**Milk samples taken for chemical analysis.**

Class of milk sample	No. of samples taken	Informal		Formal	
		Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory
Pasteurised .. ..	3	2	—	1	—
Pasteurised (Homogenised) ..	2	1	—	1	—
Pasteurised (Channel Islands) ..	3	2	—	1	—
Sterilised .. ..	4	2	1	—	1
Ultra Heat Treated ..	4	3	1	—	—
Totals .. ..	16	10	2	3	1

## Chemical Examination of Food

Miscellaneous samples taken for chemical analysis.			
Class of sample	No. of samples taken	Satisfactory	Unsatisfactory
Tinned fish products ... ..	6	6	—
Meat products and pies ... ..	17	16	1
Tinned meat products ... ..	3	1	2
Fish and shellfish ... ..	5	5	—
Black puddings ... ..	2	2	—
Cheese and cheese spreads ... ..	2	2	—
Fats including butter and margarine ... ..	5	4	1
Sausage and sausage meat ... ..	5	4	1
Sugar confectionery ... ..	4	4	—
Sugar ... ..	2	1	1
Fresh fruit ... ..	4	4	—
Drugs and patent medicines ... ..	8	6	2
Beverages ... ..	6	6	—
Tinned vegetables ... ..	2	2	—
Yoghurt ... ..	4	4	—
Tinned soup ... ..	2	1	1
Bread and rolls ... ..	4	2	2
Dairy and double cream ... ..	3	2	1
Jams, preserves and jellies ... ..	4	4	—
Ice-cream ... ..	2	2	—
Guild ale (very strong) ... ..	1	1	—
Part bread finger roll ... ..	1	—	1
Cake ... ..	1	—	1
Pieces of ham ... ..	1	—	1
Part bottle of milk ... ..	1	—	1
Ham sandwich ... ..	1	—	1
Fruit drinks ... ..	6	6	—
Part tin of grapefruit ... ..	1	—	1
Remains of a tot of rum ... ..	1	1	—
Remains of jar of Sunshine plum jam and piece of glass ... ..	1	—	1
Two part meat pies ... ..	1	1	—
Supermousse peach and cream flavour ... ..	1	—	1
Mixed cereals ... ..	1	—	1
Meat and potato pie ... ..	1	—	1
Ham paste ... ..	1	—	1
Glass in milk bottle ... ..	1	—	1
Miscellaneous ... ..	12	12	—
Casserole meat with gravy ... ..	1	—	1
Part bottle of draught sherry ... ..	1	1	—
Totals ... ..	125	100	25

Of the 125 samples of various foods taken for chemical analysis, 25 were reported as unsatisfactory by the Analyst. These included a low meat content in a meat pie, incorrect labelling of cream, an "ambiguous" list of ingredients, and a medicine which contained a minute quantity of lead when it should not have contained any. In all cases the vendor, manufacturer or importer was warned. In no case was it necessary to take formal action.

#### Foreign bodies etc. in food

During the year a total of 90 complaints was received from the public and in 22 instances the complaints were submitted to the public analyst for analysis. The foreign bodies included part of a steel roller bearing in a peach flavoured mousse, rust in a loaf, sand in a sandwich, an eyelash and a piece of wool fibre in a cake, and a cigarette end in a loaf.

Complaints were also received concerning mould in cheese (four), cooked meat (two), bread (four), pastry, luncheon meat, cake, and baked beans.

A number of complaints concerning "peculiar tastes" were received during the year. These included grapefruit segments, a meat pie and black puddings.

Insects continue to find their way into our food. Complaints included flies in a sandwich, an earwig in a meat pie, a wasp in a breakfast cereal and maggots in cooked meat and a sausage roll.

All the complaints were fully investigated and in seven instances prosecutions were instituted. Fines totalling £170 were imposed by the Courts.

In all other cases warning letters were sent to offenders.

#### Bacteriological Examination of food

There were 51 samples taken during the year and these are detailed in the accompanying table. Fourteen of the samples were reported as unsatisfactory and in each case inspections of premises, with particular reference to the preparation, handling, storage and sale of the articles concerned, were carried out.

Miscellaneous samples taken for bacteriological examination.							
Class of sample					No. of samples taken	Satisfactory	Unsatisfactory
Town's water	...	...	...	...	5	5	—
Whole chicken	...	...	...	...	13	11	2
Shellfish	...	...	...	...	4	3	1
Ice-cream	...	...	...	...	8	6	2
Dairy ice-cream	...	...	...	...	2	1	1
Vanilla choc-ice	...	...	...	...	1	1	—
Vanilla ice-cream block	...	...	...	...	1	1	—
Chicken pieces and chicken breast	...	...	...	...	2	—	2
Boiled ham	...	...	...	...	2	2	—
Beef sausages	...	...	...	...	3	1	2
Meat pies	...	...	...	...	2	2	—
Pork sausage meat	...	...	...	...	1	—	1
Roast pork	...	...	...	...	1	—	1
Prawn cocktail sandwich	...	...	...	...	1	—	1
Hot dog	...	...	...	...	1	1	—
Fish cake	...	...	...	...	1	1	—
Ham sandwich	...	...	...	...	1	—	1
Nel chock chocolate drink	...	...	...	...	1	1	—
Roast beef	...	...	...	...	1	1	—
Total	...	...	...	...	51	37	14

### Food Hygiene

The inspection of food premises continues to be an increasingly important function of the public health inspector. The general condition of food premises, the food handling procedures and the cleanliness of staff are all important in our efforts to ensure that the general public receives clean and wholesome food, and continual surveillance of food premises is essential to maintain a high standard of hygiene consciousness amongst both food handlers and management.

It has not been found necessary to take formal action against any person for contraventions of the Food Hygiene (General) Regulations 1970. Contraventions discovered during inspections were speedily dealt with by the persons concerned.

The new market hall came into use during the year. All the stalls were inspected shortly after opening and it was found that in most cases the stall holders were pleased with the facilities provided and are able to maintain a good standard of hygiene.

<b>Food Premises subject to the Food Hygiene (General) Regulations, 1970.</b>						
Category						Number of Premises
Restaurants, cafes and snack bars	...	...	...	...	...	80
Residential Hotels	...	...	...	...	...	19
Public Houses	...	...	...	...	...	199
Fried fish shops	...	...	...	...	...	75
Canteens	...	...	...	...	...	68
Clubs and Institutions	...	...	...	...	...	61
Food Manufacturers	...	...	...	...	...	18
Ice-cream Manufacturers	...	...	...	...	...	4
Wholesale Food Warehouses	...	...	...	...	...	42
Butchers' shops and other retail food shops	...	...	...	...	...	564
Total	...	...	...	...	...	1,130

### Meat Hygiene

There has been little of interest to record during the year. Cattle slaughter figures have gone down somewhat over the previous year. An increase in pigs is noticeable in both public and private slaughterhouses.

Similar to previous years patterns, the biggest single factor in rejection is due to abscesses and their sequelae. Pigs seem unusually susceptible to bloodstream infections from small open wounds, some so small as to be difficult to find. What seems a minor situation frequently proves to have become a generalised infection on full examination, leading to rejection of the complete carcase and offal. Parasites cause the next highest



amount of rejection and some parasites appear to be increasing. One of the most common, however, the liver fluke, has declined in numbers, as improved methods of control are now available. No significant change is noticeable in any other diseased condition.

A small amount of Mohammedan slaughter in the Borough continues, somewhat erratically, but without problems.

No immediate changes have occurred due to Common Market entry, but alteration in some aspects in the near future is a certainty.

Meat handling has been generally satisfactory, and some minor infringements have been dealt with by warnings. One offender did not respond to warnings and was prosecuted and fined £10.

Once again I would like to acknowledge the excellent co-operation of the meat traders in a combined effort to market a good quality product.

Number of animals killed and inspected.								
					Cattle	Sheep	Pigs	Calves
Public Abattoir	..	..	..	..	6,065	26,000	17,317	4
Private Slaughterhouse	..	..	..	..	4,969	12,534	21,731	3
Total	..	..	..	..	11,034	38,534	39,048	7

### Poultry Inspection

One premises only is used for the slaughter and dressing of poultry. The birds are mostly hens slaughtered by the Muslim method for the Asian and West Indian Community. Approximately 130,000 birds were slaughtered during the year and of these almost 3,000 were rejected as unfit for human consumption. The standard of hygiene was better than in the previous year, but constant supervision is necessary to prevent any further deterioration. In all, 24 visits were paid by the public health inspectors to these premises.

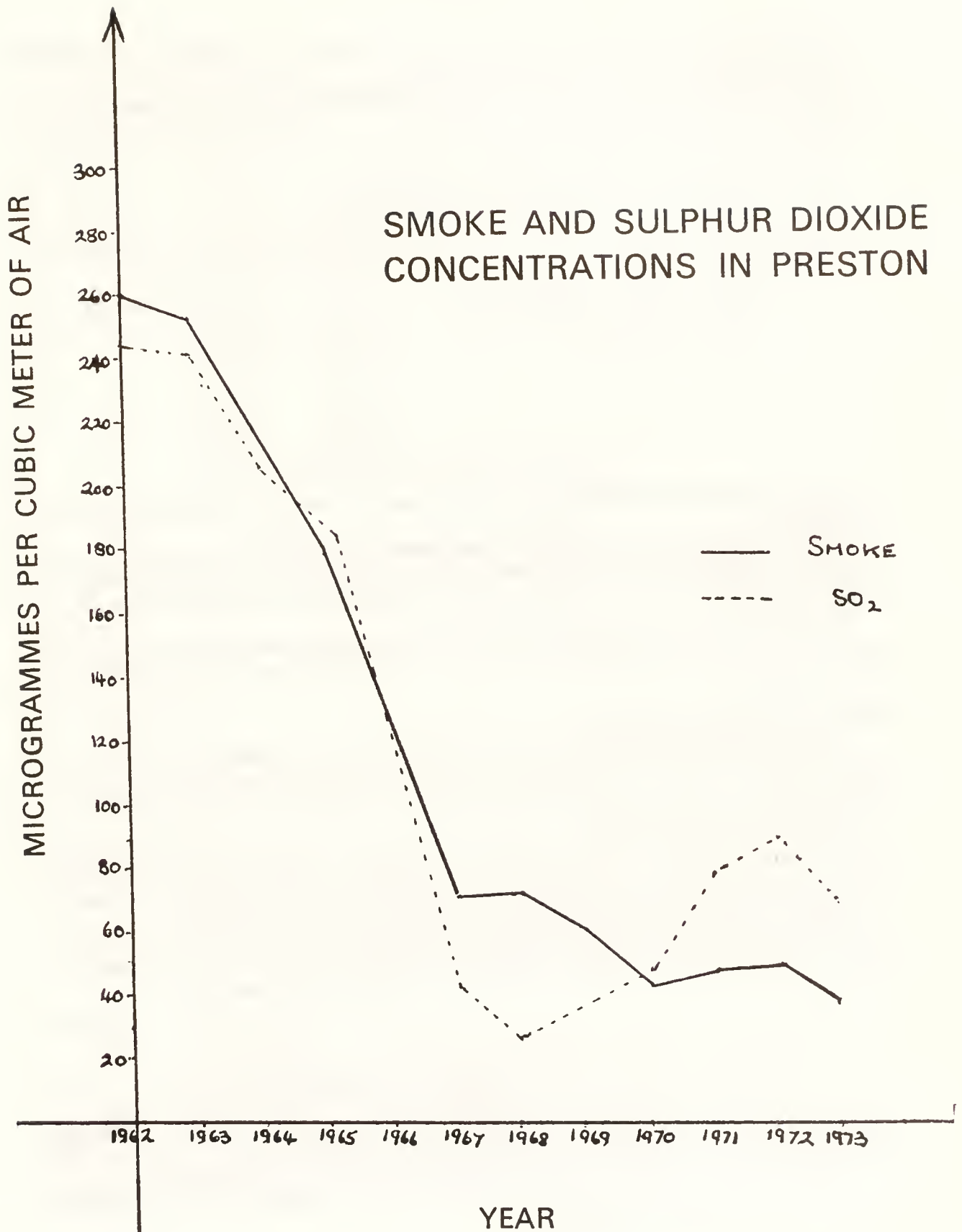
## ATMOSPHERIC POLLUTION

### National Survey

Measurements were made in Market Street of the daily concentrations of smoke and sulphur dioxide and the results made available to Warren Springs Laboratory. The graph shows the trend over the last few years.

### Smoke Control Programme

During the year Health Committee considered the progress that had been made in smoke control. It was reported that at the beginning of the year only 14,771 of the total 34,720 dwellings in the Borough (42.5%) were subject to smoke control orders and that the original target date of 1975 could not be met. With the present resources 1,500 houses each year could be covered to complete the programme by 1984.



Discussions were held with the Housing Department as the remaining areas will contain a high proportion of Council dwellings.

Subsequently in November 1972 Health Committee approved a programme for completion in 1979 which takes into account:

- (a) the clearance of unfit houses,
- (b) the improvement of Corporation houses,
- (c) Fulwood's and Preston R.D.C's programmes.

The programme provides for Orders to be made in the Autumn of each year covering houses as listed:

Orders already operative up to	1972	16,343 houses
Orders approved for operation	1973	2,412
Orders proposed for	1974	2,202
	1975	2,015
	1976	2,632
	1977	2,444
	1978	2,779
	1979	2,496

The programme received the approval of Health, Housing and Finance and Policy Committees.

Two Orders, nos. 24 and 25, became operative in September and November respectively. No problems were experienced in securing necessary adaptations to fireplaces and the advent of smoke control to these areas was generally welcomed by the inhabitants.

Three Orders, 26-28 were made at the end of the year covering parts of Symonds Road area, Castleton Road area and Ingol area. These areas contained in total 2,412 dwellings.

### **Control of Industrial Pollution**

The requirement of the Clean Air Act relating to prior approval of new installations provides the most important area of control and during the year 13 new installations, mainly in office developments, were approved after discussions and modifications where necessary.

The level of smoke pollution remained very low but serious complaint arose over the boiler installations at Preston Royal Infirmary. The Health Committee had this under continuous discussion during the year and strenuous efforts were made with the Regional Hospital Board to secure replacement of boiler plant.

After agreement had seemingly been reached with the Board, no further satisfactory progress could be made and Health Committee decided it was necessary to lodge a formal complaint with the Government departments concerned.

### **OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963**

The Act makes provision for the health, safety and welfare of persons employed to work in offices, shops (including catering establishments, canteens, wholesale and warehouse premises and fuel storage premises) and certain railway premises.

Persons employing, or intending to employ staff are required to give notice of the fact to the appropriate authority.

### Inspection of Premises

The General Inspection of premises is a detailed inspection of the whole of the premises to ascertain that all the requirements of the Act and Regulations are met. A two to three year cycle of inspections is maintained for the majority of premises to ensure continued compliance with the Act and Regulations, but in large establishments, or in premises where there may exist special hazards or problems, the frequency of inspection is increased to provide close supervision of the working conditions, particularly with regard to safety, of the employees.

In addition to General Inspections, visits were made to selected premises concerned in particular with registration, investigation of accidents, accident prevention and inspections of hoists and lifts.

During the year a survey of lighting conditions in a number of older office premises and shops was conducted and informal advice given, when necessary, on the improvement of lighting standards.

<b>Registration and General Inspections.</b>			
Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices ... ..	96	751	255
Retail Shops ... ..	131	955	261
Wholesale shops, Warehouses ... ..	12	249	137
Catering establishments open to the public, canteens ... ..	9	142	92
Fuel Storage depots ...	—	—	—
Totals ... ..	248	2,097	745

Total number of visits of all kinds by inspectors to registered premises under the Act—2,423

### Prosecutions and Exemptions

Due to the co-operation of owners and occupiers of premises no formal action was required during the year and no prosecutions were taken. All contraventions of the Act were dealt with informally and promptly.

The Act makes provision for the exemption, by certificate, of some premises from certain requirements, e.g. temperature, sanitary conveniences etc., where compliance with the Act and Regulations is not reasonably practicable. No applications for exemption certificates were received during the year, and no certificates are in operation.



### Persons Employed on Registered Premises

The total number of persons employed on Registered premises at the end of the year was 21,171, an increase of 1,276 over the 1971 total and indicative of the continuing development of office, shop and warehouse premises in the town.

Analysis of Workplace of Persons employed in Registered Premises at end of year.												
Class of workplace (1)											Number of persons employed (2)	
Offices	...	...	...	...	...	...	...	...	...	...	11,796	
Retail shops	...	...	...	...	...	...	...	...	...	...	5,736	
Wholesale departments, Warehouses	...	...	...	...	...	...	...	...	...	...	2,426	
Catering establishments open to the public	...	...	...	...	...	...	...	...	...	...	1,083	
Canteens	...	...	...	...	...	...	...	...	...	...	130	
Fuel storage depots	...	...	...	...	...	...	...	...	...	...	—	
Total											...	21,171
Total: Males											...	8,766
Total: Females											...	12,405

### Accidents

The Act requires that accidents which cause an employee to be absent from his usual employment for more than three days must be notified to the appropriate authority. Forty-two non-fatal accidents were reported during the year; fortunately none of them was very severe. There were no fatal accidents.

Falls of persons and accidents involving the handling of goods continue to be the main causes of accidents, and efforts are being made to focus the attention of staff and management on these and other causes of accidents. It is difficult to impress on staff and employers that office and shop work is not such a safe occupation, and even more difficult to stop the thoughtless and often dangerous practices carried on daily by otherwise intelligent people.

### Reported Accidents.

Workplace	Number Fatal	Reported Non Fatal	Total No. Investigated	Action recommended			
				Prosecution	Formal warning	Informal advice	No action
Offices ... ..	—	8	8	—	—	1	7
Retail shops ...	—	8	8	—	—	4	4
Wholesale shops, Warehouses ...	—	21	21	—	—	9	12
Catering establishments open to public, canteens ...	—	5	5	—	—	1	4
Fuel storage depots	—	—	—	—	—	—	—
Totals ...	—	42	42	—	—	15	27

### Analysis of Reported Accidents.

	Offices	Retail Shops	Wholesale warehouses	Catering establishments open to public, canteens	Fuel storage depots
Machinery ... ..	—	—	1	—	—
Transport ... ..	—	1	2	—	—
Falls of persons ... ..	2	4	8	—	—
Stepping on or striking against object or person ...	3	—	3	—	—
Handling goods ... ..	—	3	3	1	—
Struck by falling object ...	—	—	1	2	—
Fires and Explosions ...	—	—	—	—	—
Electricity ... ..	—	—	—	—	—
Use of hand tools ... ..	—	—	—	—	—
Not otherwise specified ...	3	—	3	2	—

### Offices, Shops and Railway Premises (Hoists and Lifts) Regulations 1968

The regulations impose requirements covering the construction, maintenance and periodic examination of goods and passenger lifts, and make provision for safety devices and maximum safe working load.

Inspection of lift mechanism etc., is, of course, a specialist field and is left to competent persons i.e. qualified lift engineers who are employed mainly by insurance companies and the lift manufacturers themselves. Enforcement of the regulations is, however, the duty of the local authority and a close liaison is maintained with the engineers to ensure that the requirements of the regulations are fully met.

### Factories Act 1961

Inspections.				
Premises	No. on the Register	No. of Inspections	No. of written notices	No. of Prosecutions
Non-mechanical factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority ... ..	86	15	—	—
Mechanical factories in which Section 7 is enforced by the Local Authority ... ..	742	30	1	—
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... ..	67	5	—	—
Totals ... ..	895	50	1	—

Defects.					
Particulars and Section	No. of defects found	No. of defects remedied	No. referred		No. of Prosecutions
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ... ..	—	—	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	—	—	—	—	—
Inadequate ventilation (S.4) ... ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ... ..	—	—	—	—	—
Sanitary conveniences (S.7) :					
(a) Insufficient... ..	—	—	—	—	—
(b) Unsuitable or defective ... ..	1	2	—	1	—
(c) Not separate for sexes ... ..	—	—	—	—	—
Other offences against the Act ... ..	—	—	—	—	—
Totals ... ..	1	2	—	1	—

### Outwork

There were no outworkers notified to the local authority during the year and therefore no action taken under Sections 133 and 134.

## PUBLIC HEALTH ACTS AND ALLIED LEGISLATION

### General

Whilst the total number of complaints received was slightly greater than last year (1,534 compared with 1,452) the trends noted in recent years continued; a decrease in complaints arising from the disrepair of dwellings and an increase in those relating to insect and rodent pests, derelict buildings and land and the dumping of rubbish. Visits by public health inspectors under this heading amounted to 80 and the total number of visits by pest control staff numbered 3,302.

### Caravan Sites

No new licences for caravan sites were issued during the year. The one licensed site permanently occupied by the family of a former travelling showman has continued in use without any problems. Itinerant van dwellers, who had previously caused difficulties by occupying various cleared sites in the town, have been restricted this year to one particular site and whilst the Council provided water supply and refuse containers here it was not equipped as an official "gipsy encampment" under the Caravan Sites Act 1968 and problems have arisen particularly from the lack of sanitary accommodation with the resulting fouling by human excrement of nearby buildings and land.

### Common Lodging Houses

There are no longer any licensed common lodging houses in the town.

### Deposit of Poisonous Waste

The Deposit of Poisonous Waste Act, 1972 received Royal Assent on the 30th March, 1972 and The Deposit of Poisonous Waste (Notification of Removal or Deposit) Regulations became operative on the 3rd August, 1972.

It is now an offence to deposit on land poisonous or polluting waste in circumstances in which it can give rise to an environmental hazard and so endanger persons, animals or water supplies. Those concerned with its disposal are required to give local authorities and river authorities information about the nature and quantity of certain wastes arising or being deposited in their areas.

The aim was to curb abuses which had previously been brought to light.

Preston Corporation tip at Clifton Marsh accepts some waste to which this Act applies and this tip is in the Fylde Rural District Council and Lancashire River Authority area.

One privately owned tip in Preston is receiving waste to which the Act applies.

All other notifications received have been for removal of waste to tips or other disposal sites in other parts of the country.

No cases of unauthorised or fly tipping have come to our notice.

### Diseases of Animals Acts and Orders

There has been no notifiable disease in animals in the Borough during the year and no restrictions have been applied to Preston area.

The cattle market has functioned without interruption throughout the year. Problems are still unsolved regarding sufficient suitable accommodation for pigs. No Irish cattle have been sold through the market, although 803 arrived in Preston for immediate slaughter. The number of animals going through the Market was as follows:

Calves	20,894
Cattle	28,919
Sheep	54,795
Pigs	89,661

This is a slight increase on the previous year.



Pig numbers continued at a high level, 89,661 requiring the issue of approximately 3,700 licences for their removal from the market. In December a new disease, Swine Vesicular Disease, appeared in the country, but at the year end had not involved Preston.

#### **Fertilisers and Feeding Stuff's Act**

During the year eight samples of fertiliser were examined by the Agricultural Analyst. There were no requests from farmers for official samples to be obtained on their premises.

#### **Noise**

Complaints of noise during the year amounted to 23 and these were found to originate from 10 industrial premises, four commercial premises, four roadworks or building sites and five domestic premises. Whilst some of the complaints were of little substance 15 were found to be well justified and these were dealt with by informal action without the necessity for formal procedures under the Noise Abatement Act.

Apart from vehicle noise, which appears to continue without any attempt to enforce the relevant regulations, the largest contribution to our ever increasing noise levels is probably made by the variety of mechanical contrivances used in road works, demolition, site preparation and rebuilding of which Preston has had more than its share in recent years. Amongst developers and contractors there appears to be little concern for the inconvenience caused to the general public by their noisy activities and the operators of mechanical equipment seem oblivious of the permanent hearing damage which they may inflict upon themselves in later years. Even the elementary precaution of using mufflers on road drills is ignored by many firms and requests for quieter methods of pile driving other than the use of percussion machines are countered by excuses of impracticability and greater expense. It is unlikely that these problems will be solved until specific legislation is available to make it unprofitable for manufacturers to produce and contractors to use unreasonably noisy equipment.

#### **Offensive Trades**

There has been no change during the year in the number of offensive trades registered. There are five rag dealers, one gut scraper, one bone dealer and one hide dealer.

#### **Pests**

Insect pests and rodents continue to account for more than half the complaints received from occupiers of premises. It is a regrettable fact that the majority of insect infestations dealt with today are found in Corporation houses which is a sad reflection on the poor standards of hygiene achieved by some tenants. It is a particularly unhappy experience for a new tenant, on moving into a house, to discover after a few days the legacy of vermin left by a predecessor.

The incidence of rats has been mainly confined to minor surface infestations. No substantial infestation of buildings or land was encountered and the continued reduction of infestations arising from drainage systems confirms the efficacy of the routine application of poison treatments in the town's sewers which has been systematically applied in recent years.

Mice have continued to be a frequent cause for complaint by householders and occupiers of business premises many of whom appear to be under the misapprehension that it is the Council's duty to rid private premises of these pests. This is not the case, the responsibility for keeping premises free of mice is the occupiers. As far as possible the department's pest control staff are available to give advice on suitable methods of control but it cannot be repeated too often that the most effective methods of mouse eradication can best be applied by the occupier. Good hygiene and the systematic use of a few mouse traps will deal with most infestations far more satisfactorily than the haphazard application of some proprietary chemical rodenticide.

### **Pharmacy and Poisons**

At the end of the year 43 persons were registered as sellers of Part II poisons. Routine inspections are carried out to ensure compliance with the requirements of the Act.

### **Public Conveniences**

In accordance with the Council's approved programme for closure or reconstruction of existing public toilets the conveniences at Moor Park children's playground and the obsolete urinal in Avenham Park were permanently closed as suitable provision was available elsewhere in the vicinity. The reconstruction and modernisation of the toilets at Meadow Street/Deepdale Road and at Strand Road/Fishergate Hill was commenced but was not completed by the end of the year. Discussions were re-opened with the owners of St. George's Shopping Centre and whilst final agreement has not been reached there is a good prospect of public toilets being provided in this precinct in the near future. The new Market Hall conveniences were brought into use in October and whilst these were intended to replace those at nearby Earl Street and Birley Street the latter were not closed immediately as it was decided to continue the use of both sets of conveniences for the time being and review the question of closure early in the following year. Public toilets continue to be a favourite target for vandalism despite our efforts to make fixtures and fittings proof against this senseless destruction of public property.

### **Rag Flock and Other Filling Materials Act**

There are seven premises registered on which filling materials to which the Act applies are used. There are no licensed producers or storage premises for rag flock. No complaints regarding filling materials were received during the year.

### **Sewerage**

I am indebted to Mr. R. H. Aspden, C.Eng., M.I.C.E., F.I.Mun.E., M.Inst.H.E., Director of Development and Works, who advises me that the arrangements for sewerage disposal in the Borough are considered satisfactory.

### **Water**

The following information has been supplied by the Manager of the Preston and District Water Board, Mr. J. F. Bailey, A.M.Inst.C.E., M.Inst.W.E., to whom I am indebted.

The supply to all consumers in the Preston part of the Board's area has been satisfactory both in quality and quantity. As last year the taste and odour problem occurred for only a short period during the summer.

No serious form of contamination occurred during the year.

The population for the Borough in mid 1972 was estimated at 95,450 all of which were supplied with water direct to houses from the public mains. No standpipes were in use.

The flouride content still remains within low limits and no new source of supply has been added to affect this.

Samples of raw water from the Intakes, Aqueducts and Storage Reservoirs were taken at regular intervals according to a pre-determined programme. A total of 95 samples were examined.

Regular check samples for bacteriological and chemical analysis were also taken at consumer premises by the Water Board and ourselves and were again consistently highly satisfactory.

The pH value of the supply is controlled automatically at the White Bull Treatment Plant. The Multelec apparatus is set to give an outgoing value of 9.00 which has given satisfactory results throughout the area.

The usual eight samples, four from the Langden intake and four from the Alston reservoirs were tested for Radioactivity by the Manchester Corporation Waterworks Laboratory. All were classified as very low and satisfactory.

## Port Health

I am grateful to Mr. Graham Wood, Port Health Inspector, for preparation of this report.

### PORT HEALTH ADMINISTRATION

The Port Health District of Preston embraces the whole estuary of the River Ribble, from Blackpool to Formby Point, and up the River Ribble and its tributaries to the furthest point to which the tide flows.

The dock, which is 3,200 feet long and 600 feet wide, covers 40 acres and is approached by the entrance basin 850 feet long by 300 feet wide, an area of  $4\frac{3}{4}$  acres.

The communicating locks are 550 feet long and 66 feet wide, with a depth of 29 feet 6 inches at high water ordinary spring tide. The dock is situated within the County Borough and is about  $16\frac{1}{2}$  miles along the River Ribble from the sea.

The quays are over one and a half miles long. There are 170 acres of storage ground and 590,000 square feet of covered floor space.

### Section 1—Staff

Name of Officer	Nature of Appointment	Date of Appointment	Qualifications	Any other appointment held
C. F. W. Fairfax	Port Medical Officer	1.1.69 to 17.9.72	M.B., B.S., D.P.H.	Medical Officer of Health
J. T. Carroll ...	Port Medical Officer	20.11.72	M.B., F.R.C.S., D.R.C.O.G., D.P.H., M.F.C.M.	Medical Officer of Health
K. K. U. Perera ...	Deputy Port Medical Officer	10.1.72	M.B., B.S., D.P.H.	Deputy Medical Officer of Health
I. M. R. Purdom	Boarding Medical Officer	17.9.57	M.B., Ch.B., D.P.H.	Departmental Medical Officer
K. Dowling ...	Boarding Medical Officer	4.4.49	B.A., M.B., B.Ch., M.F.C.M.	Departmental Medical Officer
A. T. Nolan ...	Boarding Medical Officer	2.10.72	L.R.C.P.I., L.R.C.S.I., D.P.H.	Departmental Medical Officer
D. A. Tait ...	Boarding Medical Officer	10.5.71	L.M.S.S.A., M.R.C.G.P.	Departmental Medical Officer
G. Wood ...	Port Health Inspector	17.5.68	Cert. P.H.I.E.B., Cert. Meat & Foods	
M. J. Alden ...	Deputy Port Health Inspector	17.5.68	Dip.P.H.I.E.B.	District Public Health Inspector



For routine medical clearance of shipping the Port Health Inspector issues Pratique on receipt of satisfactory Maritime Declarations of Health, medical staff being summoned only in the event of illness on board or at the request of the Immigration Officer. Six Medical Officers were available for routine port health work and with the above mentioned system working satisfactorily, boarding by doctors was not required. The number of ships from foreign ports boarded and inspected during 1972 by Port Health Inspectors was 260.

Co-operation from H.M. Immigration Officers, Trinity House Pilots, H.M. Customs Officers, the officials and staff of the Preston Port Authority, the shipping agents and others who have been contacted about various matters has assisted in the smooth running of the Port Health Authority's functions.

## Section II—Amount of Shipping entering the district during the year

Ships from	Number	Tonnage	Number Inspected by		Number of ships reported as having or having had during the voyage infectious disease on board
			Medical Officers	Port Health Inspectors	
Foreign Ports..	288	139,423	—	260	—
Coastwise ..	2,010	1,094,781	—	40	—
Total ..	2,298	1,234,204	—	300	—

## Section III—Character of Shipping and trade during the year

Passenger Traffic.					
		Number of passengers INWARDS ..		5,026	
		Number of passengers OUTWARDS ..		4,792	
Passengers to and from :				Foreign Ports	Irish Ferry Service
Passengers in:	Alien .. ..			1	} 4,872
	British .. ..			153	
Passengers out:	Alien .. ..			—	} 4,728
	British .. ..			64	

The above figures do not include “supernumerary” crew (i.e. wives of the crew members etc.) who are subject nevertheless to the Aliens Order 1957.



## Cargo Traffic.

### Principal Imports.

Animal feeding stuffs, arsenic, bacon, butter, bitumen, canned goods, confectionery, eggs, fertilizers, fish oil, frozen foods, fuel oils, grain, hardboard, hides, maize, meat, meat products, milk products, paper, petroleum, potatoes, poultry, sulphur, synthetic fibre, timber, woodpulp, vehicles, and containers.

### Principal Exports.

Barbed wire, canned goods, cloth goods, coal, coke, cotton goods, iron and steel, machinery, meat and offal, scrap-iron, tar, vehicles and containers, wines and spirits.

1970	...	Total imports	1,241,514 tons.	Total exports	1,009,044 tons.
1971	...	Total imports	1,201,930 tons.	Total exports	1,013,222 tons.
1972	...	Total imports	1,005,762 tons.	Total exports	850,903 tons.

## Principal ports from which ships arrive.

### Foreign

North America:	Carleton, N.S., Newcastle, N.S., Weymouth, N.S.
Belgium:	Antwerp, Ghent.
Denmark:	Copenhagen, Esbjerg, Frederikshavn, Hirtshals, Koge, Skagen.
Finland:	Hamina, Jakobstad, Kasko, Kemi, Kotka, Mantyluoto, Oulo, Rauma, Turku, Topila, Yxpilä.
France:	Bayonne, Bordeaux, Brest, Donges, Rouen, Tonnay, Sete.
Germany:	Bremen, Emden, Hamburg, Kiel, Wismar.
Holland:	Amsterdam, Delfzijl, Groningen, Rotterdam.
Middle East and North Africa:	Casablanca, Ceuta, Kenitra, Gibraltar.
Norway:	Follafos, Frederikstad, Halden, Haugesund, Hommelvik, Kristiansund, Larvik, Lauvsnes, Narvik, Oslo, Porsgrunn, Steinjker, Sarsborg, Tofte, Vadheim.
Poland:	Gdansk, Stettin.
Portugal:	Leixos, Setubal.
Sardinia:	Cagliari, Porto Torres.
Spain:	Aviles, Bilbao, Gijon, Pasajes, Seville.
Sweden:	Dansjo, Domsjo, Gefle, Gothenburg, Gota, Halmstad, Helsingborg, Hernösand, Husum, Iggesund, Karlstad, Kramfors, Marieborg, Munksund, Norrköping, Norsundet, Östrand, Ronnskar, Skellefteå, Skutskar, Sundarne, Sunsvall.
U.S.S.R:	Archangel, Kalingrad, Leningrad, Murmansk, Onega, Stalingrad, Tallin.

### British Isles

Ardrossan, Barrow, Belfast, Bristol, Drogheda, Dublin, Fowey, Glasgow, Greenore, Larne, Liverpool, London, Londonderry, Manchester, Milford Haven, Swansea, Stanlow, Workington.

The principal imports from foreign ports continue to be timber and wood pulp chiefly from Scandinavia and the U.S.S.R., and to a lesser degree from North America, North Africa and Spain.

The container and ferry services from Northern Ireland and Eire again provided the bulk of shipping entering the port. The use of containers for general cargo is increasing.

#### **Section IV—Inland Barge Traffic**

There is no inland barge traffic to or from the Port of Preston.

#### **Section V—Water Supply**

##### **1. Source of Supply**

- (a) District—The Dock Estate is supplied with water from Preston and District Water Board.
- (b) Shipping—District supply from hydrant and hose.

##### **2. Report of Tests for contamination**

- (a) District

From	Type	Number	Results	
			Satisfactory	Unsatisfactory
Dock Estate	Bacteriological	3	3	—
Dock Estate	Chemical	1	1	—

- (b) Shipping

	No. of ships involved	No. samples taken	No. satisfactory	No. unsatisfactory	Total
Distribution aboard ship . . . . .	—	—	—	—	—
Storage aboard ships	—	—	—	—	—

3. The supply of water to shipping is under the control of the Port Authority. Regular surveillance of fresh water supply hydrants, hoses and equipment is maintained.

4. No water boats are used in the Port of Preston.

#### **Section VI—Public Health (Ships) Regulations 1970**

##### **1. List of infected areas (Regulation 6)**

The list of infected areas is prepared from the World Health Organisation's weekly epidemiological record. Copies are supplied to Medical Officers, the Immigration Officer, Trinity House Pilots and H.M. Customs Officers.

## **2. Radio Messages**

Preston is not a radio transmitting and receiving port as defined by the Public Health (Ships) Regulations, 1966, for the purposes of regulations 13 and 14 (1) (a) and (2).

During the hours of the tidal period, the Master of a vessel lying within the limits of the Port of Preston, and equipped with V.H.F. radio, can report any sickness or untoward circumstances requiring the attention of the Port Health Authority through the Port's V.H.F. Radio Navigation Service operated from the Locks. Any such message is passed by telephone to the Port Medical Officer. Any ship not equipped with V.H.F. radio can have the Boarding Pilot arrange for a message to be transmitted via the V.H.F. aboard the pilot cutter.

## **3. Notifications otherwise than by Radio 14 (1) (b)**

Shipping Agents are usually in radio/telephone communication with ships before they enter the harbour limits and any message requiring attention of the Port Medical Officer is passed by them to the Port Health Authority.

Ships requiring a Boarding Medical Officer are required to show the statutory signal as per schedule 1 the Public Health (Ships) Regulations 1970.

## **4. Mooring Stations (Regulations 22-30)**

By agreement with the Port Authority, arrangements exist for the breasting off of any ship at the discharging berths allocated, where such action is considered necessary by the Port Medical Officer. This is done by placing one of the barges of about twenty foot beam, which are always available, between the vessel and the quay, whilst the vessel is subjected to the prescribed measures.

This arrangement obviates the necessity of moving the vessel from one berth to another and facilitates the discharge of her cargo whether during or when freed from control.

## **5. Arrangements for:**

### **(a) Hospital accommodation for infectious diseases (Other than Smallpox)**

All cases of infectious disease other than smallpox are removed to Deepdale Hospital, Blackpool Road, Preston.

### **(b) Surveillance and follow up of contacts**

Surveillance is carried out as suggested in Section 18 (2) and Section 37 of the Public Health (Ships) Regulations, 1970.

### **(c) Cleansing and disinfection of ships, persons, clothing and other articles**

The cleansing and disinfection of ships is carried out under the supervision of the Port Health Inspector. Clothing and bedding etc., are removed by the Health Department disinfection van for steam disinfection at the Disinfection plant at Deepdale Road, Preston.

Arrangements are made for persons to be cleansed or disinfested at the Greenbank Health Clinic, Ripon Street, Preston.

## **Section VII—Smallpox**

1. Ainsworth Hospital (near Bury) admit cases of smallpox.

2. Responsibility for the transport of all cases, suspect cases or contacts of smallpox rests with the Lancashire County Ambulance Service. Ambulance crews are given regular smallpox vaccination.

### 3. Smallpox Consultants:

Professor A. B. Semple, Health Department, Hatton Garden, Liverpool 3.  
Tel: 051-236 3911 and 051-428 2081 (Home).

Dr. T. L. Hobday, School of Hygiene, Mount Pleasant, Liverpool.  
Tel: 051-709 2542 and 051-733 4333 (Home).

Dr. A. G. Ironside, Monsall Hospital, Newton Heath, Manchester 10.  
Tel: 061-205 2254 and Marple 1488 (Home).

4. Facilities for the laboratory diagnosis of smallpox are available at the Department of Medical Microbiology, University of Liverpool, under the direction of Professor K. McCarthy, and at the Central Public Health Laboratory, Colindale under the direction of Dr. Marguerite Pereira.

### Section VIII—Venereal Diseases

The venereal disease clinic at the Preston Royal Infirmary is open at the following times:

Tuesday	5 p.m.—7 p.m.	Women
Wednesday	5 p.m.—7 p.m.	Men
Thursday	2 p.m.—4 p.m.	Women
Friday	5 p.m.—7 p.m.	Men

Male patients from ships likely to sail before the next male clinic can also be seen on Tuesdays and Thursdays.

Information leaflets are supplied to ship masters where necessary and liaison is maintained with the ship agents to ensure treatment wherever possible.

### Section IX

<b>Cases of notifiable and other infectious diseases on ships.</b>				
Category	Disease	Number of cases during the year		Number of ships concerned
		Passengers	Crew	
Cases landed from ships from foreign ports .. .. .	—	—	—	—
Cases which have occurred on ships from foreign ports but have been disposed of before arrival .. .. .	—	—	—	—

No cases or suspected cases of smallpox, cholera, plague, yellow fever, typhus or relapsing fever occurred during the year.

During the year the Port Health Authority were notified of a case of pulmonary tuberculosis in a seaman, resident in U.K. but of Dutch nationality, who had regularly travelled to Preston on the Irish Ferry service. The remaining eight men in the crew had chest X-ray examinations but all the results were satisfactory.



## Section X—Observations on the occurrence of Malaria in ships

No cases of Malaria occurred during the year.

## Section XI—Measures taken against Ships infected with or suspected for plague

No ship infected with or suspected for plague arrived during the year. In the event of such an occurrence action in accordance with the measures outlined in paragraph 1 on the fourth Schedule Public Health (Ships) Regulations 1970 would be pursued.

## Section XII—Measures against Rodents in ships from foreign ports

### 1. Procedure for inspections of ships for rats.

All foreign going vessels are inspected in the following order of priority:

- (a) Vessels from infected ports
- (b) Vessels from non-infected ports
- (c) Foreign going vessels that have arrived from another port in the British Isles.

A rodent operator sets traps on vessels where evidence of rats is found and revisits these vessels and other vessels from foreign ports while cargo is being discharged. During the year he carried out a rodent search of 375 ships from foreign ports and 130 coastwise ships and made 170 revisits to such vessels.

2. Arrangements for the bacteriological or pathological examination of rodents with special reference to rodent plague.

Rodents caught are placed in a muslin bag, dipped in paraffin, labelled and despatched to the Public Health Laboratory, Preston. No rodents were sent for examination during the year.

### 3. Arrangements in the District for Deratting Ships.

The deratting of vessels prior to the issue of a Deratting Certificate may be effected with hydrogen cyanide or sodium fluoroacetamide. Such procedure has not, however, been necessary since 1963.

All derattings in the Port of Preston are carried out by Rentokil, a recognised contractor.

The high standard of rat proofing, the type of ship entering the port, and the ports of call of such ships were factors which led to inspectors reporting rodent-free vessels.

#### 4. Progress in Rat-Proofing of Ships.

Rat-proofing was found to be satisfactory on the vessels inspected and no repairs or improvements were required. Modern ship building is such as to leave few structural harbourage points for rodents and this is particularly evident in the case of container ships, which only have one large hold.

[illegible]

**Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports.**

Number of Deratting Certificates Issued					Number of Deratting Exemption Certificates Issued (6)	Total Certificates (7)
After fumigation with H.C.N. (1)	Other fumigant (2)	After Trapping (3)	After Poisoning (4)	Total (5)		
—	—	—	—	—	34	34

In addition to his visits to shipping the rodent operator makes regular inspections of the dock estate. During the year he made 397 inspections of premises and land and discovered 25 infestations. There were 30 rats and seven mice found dead after laying bait. The more realistic estimate of the "kill" is to be judged from the fact that of 650 poison baits laid 173 were consumed. No heavy or major rodent infestation was found on the dock estate.

**Section XIII—Inspection of Ships for Nuisances**

Inspection of Ships for Nuisances.				
Nature and Number of Inspections	Defects Found	Notices Served		Defects Remedied
		Statutory Notices	Other Notices	
<b>Total number of ships visited</b> .. 300				
The following defects and nuisances were found :				
Vermin .. .. .	1	—	—	1
Heat, Light and Ventilation .. .. .	—	—	—	—
Washplaces and fittings dirty and defective ..	1	—	—	1
Drainage defective .. .. .	1	—	—	—
Sanitary accommodation defective .. .. .	—	—	—	—
Food stores, preparation places and fittings dirty and defective .. .. .	1	—	—	1
Accommodation dirty and defective .. .. .	—	—	—	—
Drinking water systems defective .. .. .	—	—	—	—
Refuse accumulations .. .. .	—	—	—	—
Smoke emissions .. .. .	2	—	—	2
<b>Totals</b> .. ..	6	—	—	5

Of the 300 ships visited, 260 were from foreign ports the remainder being coastwise or from Ireland. There were 42 foreign and 10 coastwise ships revisited.

The majority of ships entering the port are of modern construction with a good standard of crew accommodation. In recent years few structural defects have been noted and most nuisances discovered have been unhygienic features which are quickly remedied. Statutory action was not found to be necessary on any occasion.

#### **Section XIV—Public Health (Shell-fish) Regulations, 1934-1948**

Mussel gathering in the Ribble Estuary was controlled by the Ribble Mussel Fishery Order, 1936, until this order was revoked in April 1961, at the request of the Lancashire County Council. Under this order, the County Council were the granters of licences to pick mussels. The sale or distribution for human consumption of mussels taken from within the Preston Port Sanitary District, which embraces the Ribble Estuary, is still controlled by the Preston (Shell-fish) Regulations, 1923. Under these regulations, mussels must be subjected to an approved process of cleansing. The Lytham Mussel Purification Station, operated by Lancashire County Council was closed in April 1957 through lack of demand. The last consignment of mussels picked from these beds and sent for cleansing was in 1957.

The nearest cleansing stations to the estuary are at Conway, Bangor and Portmadoc.

#### **Section XV—Medical Inspection of Aliens and Commonwealth Immigrants**

1. The following Medical Inspectors held warrants of appointment during 1972, both under the Aliens Order, 1953 and Commonwealth Immigrants Act 1962.

Dr. C. F. W. Fairfax  
Dr. J. T. Carroll  
Dr. K. K. U. Perera  
Dr. I. M. R. Purdom  
Dr. K. Dowling  
Dr. A. T. Nolan  
Dr. D. A. Tait

2. Apart from occasional clerical work, no other staff are engaged.

3. Immigrants are medically examined by a medical inspector at the request of the Immigration Officer.

4. Only one ship arrived carrying aliens during the year. None of the three aliens concerned was referred for medical examination and no certificates were therefore issued.

There were no arrivals of Commonwealth immigrants during the year.

5. Medical inspection of alien and Commonwealth immigrants is carried out on board ship.

#### **Section XVI—Miscellaneous**

(a) **Arrangements for the burial on shore of persons who have died on board ship from infectious disease.**

Arrangements for the interment of a deceased member of the crew of any vessel is the concern of the shipping agent but the following procedure would be adopted in the event of a death from infectious disease. The Superintendent of Mercantile Marine acting for the Ministry of Transport would be notified immediately. The body would be removed by the Health Department staff to the mortuary of Deepdale Hospital, Preston, for the purpose of local enquiry and verification of the cause of death.



**(b) Food Inspection**

The tonnage of foodstuff arriving at the port again increased. It comprised mainly, bacon, butter, canned meat, canned fruits, confectionery, eggs, frozen foods, meat and meat products, milk powder and milk products, poultry and potatoes.

The majority of incoming cargoes is from Northern Ireland and Eire, arriving on all tides. Due to contamination of bacon on a "flat" during the year, all bacon is now carried in containers.

Transshipment of cargo is still very common. Inspection of transhipped cargo is carried out by arrangement.

Containerised foodstuff still remains a problem for inspection because in most instances the foodstuff is present on the dock for so short a period as to make inspection difficult without considerable hindrance to the efficiency of the container ferry service.

All foodstuffs that are "imported" under the Imported Food Regulations 1968 are either examined at the port of entry or at the final destination. The system works smoothly and co-operation from the Customs and Excise, dock transport industry and ferry services have assisted the inspector in carrying out his duties.

During the year approximately 700 consignments of food were inspected and only approximately five loads were notified to inland authorities.

Quantities of eggs and canned foods were found to be unfit for human consumption, the commonest complaint noted being that of faulty packing or dock handling.

**(c) Food Sampling**

A total of six samples of food were taken during the year, all of which were submitted to the Public Analyst for chemical examination. No samples were reported as unsatisfactory.

One sample submitted for bacteriological examination was found to be satisfactory.

**(d) Food Hygiene**

There are no new matters to report. As practically all foodstuff liable to contamination is now carried by containers instances of contamination have fallen considerably.

Daily visits continued to be made to the bacon transshipment bay and the ferry container berths to ensure maintenance of satisfactory standards of food hygiene.

**(e) Dock Estate**

During the year the Port Health Inspector made 400 inspections of the dock estate.

The major sewage scheme on the northern side of the dock is now working satisfactorily.

A new container storage depot has been constructed for the sole use of Sealand (Containerships) Ltd., and this has assisted in the carrying out of routine inspections.

**(f) Smoke Control**

The entire dock estate is within operative Smoke Control Orders resulting in effective control of smoke emission from installations on the dock estate.

Smoke from ships has now almost completely disappeared and in the two instances where smoke emissions were noted ships' masters and engineers were ready to co-operate to the fullest extent in abating the emission.

No statutory action was found to be necessary.

**(g) Diseases of Animals Act, 1950 and Orders**

No livestock were transported through the port.



## **Health Education**

After seven years as Health Education Officer in this department Mr. Cyril Nelson left in April for a similar appointment in Birkenhead and Wallasey. I am grateful to his successor Mr. David Sugden for the following report.

### **Schools**

Schools are one of our main areas of concentration for health education, and it is rewarding to see the growing interest in health education by the Heads and staff of the secondary schools in Preston, and the intergration of health education in the schools curriculum. A typical programme would include personal hygiene, personal relationships, sex education, sexually transmitted infections, population problems, smoking and health, misuse of drugs, local authority health services, accidents in the home, initial first aid, emergency resuscitation, budgeting problems and health of the family and diet. There are mothercraft courses in a number of schools and I am indebted to the health visitors who are running these courses as this entails extra effort on their part and involvement makes further inroads into their valuable time. I am also grateful to one of our ambulancemen, Mr. K. Flowers, for giving some most valuable talks and demonstrations on initial first aid. It is hoped that next year some health education topics will be given in junior schools.

### **College**

It has been another year where the Health Education Officer has given a great deal of time lecturing to both full and part time students. A wide variety of subjects have been covered. It is surprising the number of students who ask for information regarding family planning, sexually transmitted infections and birth of a baby, because they received no health education while at school.

Many more lectures could have been given if time were available.

### **Leaflets and Posters**

Leaflets on many health subjects are available free from the Health Department and clinics. Some general practitioners in Preston have requested to keep a small supply of leaflets to give to their patients, in particular anti-smoking leaflets. Posters are on display in all the clinics and the health centre, and are also sent out to schools, factories, general practitioners and offices. Over the last year there has been a considerable increase in the price of some leaflets and posters which is proving to be a strain on the budget.

### **Displays**

The "window on your health" display cabinet in Market Street is still a valuable means of contacting the general public. This is supported by free standing, portable displays, which visit the health centre, clinics and schools. Subjects have included home safety, cytology, water safety, immunisation, anti-smoking and buy safe toys.

### **Audio-Visual Aids Library**

During the year, staff from schools and members of this department made considerable use of the films, slides, filmstrips and film loops available from the library.

Another 16mm. film was added to the library entitled "One Way Ticket" a film about the misuse of drugs.

### **Exhibitions**

In August a three part exhibition was held in the Health Department. The first section had a display of the "Disposable Aids" used by the various Health Department Nursing Staff. Next a section of statistics showing the state of health of the population in Preston over a number of years. Finally the main part, "Health Services 0-16 years", an exhibition showing by means of photography the health services provided for mothers-to-be, and their children till the age of 16 years.

## **School Health Service**

I am grateful to Dr. Ian Purdom for preparation of the following report.

### **A. GENERAL INFORMATION**

#### **1. Statistics**

Statistical tables will be found on pages 93 to 97.

There was no change during the year in the provision of primary, secondary or special schools. The old buildings of St. Stephen's Church of England School were vacated in September, after the Preston Guild Week, for new premises built on adjoining land.

#### **2. Staffing and Organisation of the Service**

With the appointment of Dr. Perera to the post of Deputy Medical Officer of Health in January 1972, only four doctors were available for duties with the school health service, until the re-appointment of Dr. Nolan in October 1972 after three years away from this Authority. Dr. Faulkner left at the end of the year after almost four years part-time work in the schools.

There was no change in the provision of nursing or medical auxiliary services during the year. There were 25 health visitors and nine clinic nurses employed in school health duties. With increasing health visitor attachment to general medical practices, involving additional duties, there is need for an increased nursing establishment. While there are two physiotherapists employed by the local authority only five sessions weekly are available for school health work. The one full-time speech therapist has more work than she herself can undertake, but advertisements for a second speech therapist have been unavailing.

In recent years additional provisions such as rubella immunisation, special examination of new immigrants and this year the B.C.G. scheme for immigrant children has placed an added burden on administration necessitating an increase in the clerical staffing.

#### **3. Epidemiology**

Details regarding infectious diseases and immunisation will be found in the separate section on epidemiology. Attention is drawn to the introduction of a B.C.G. vaccination scheme for immigrant children.

#### **4. Health Education**

Details of health education in schools are given in the previous section of the main report.

#### **5. Deaths of School Children**

During 1972 nine Preston children of school age died: six boys, three girls. As will be seen from the accompanying table, in each of the preceding three years there had been four deaths from accidents including at least one death from drowning. In 1972 there were no deaths from drowning, but two boys both of secondary school age died as the result of a road accident. In both cases cerebral injuries were sustained as the result of being knocked down by a motor vehicle.

There was one death during the year from malignant disease, a boy aged 15 years.

The other causes of death were as follows. Two boys both 13 years of age succumbed from heart defects. In one the condition was a recognised form of congenital cyanotic heart disease for which he had attended a day special school. The other, a healthy boy, collapsed following physical activity at school. Two girls, ages 11 and eight years, died from congenital defects, the elder from an endocrine

abnormality, the younger from a urinary tract defect. Infection accounted for the remaining two deaths: an acute attack of chickenpox with cerebral complication in a seven year old boy and tubercular meningitis in a 12 year old girl.

Deaths of School age Children in Preston.								
Years				Accidents	Malignant Diseases	Other Causes	Total Deaths	
1963	..	..	..	2	1	4	7	
1964	..	..	..	1	2	2	5	
1965	..	..	..	3	3	2	8	
1966	..	..	..	2	1	2	5	
1967	..	..	..	2	—	2	4	
1968	..	..	..	1	—	3	4	
1969	..	..	..	4	2	6	12	
1970	..	..	..	4	1	7	12	
1971	..	..	..	4	3	4	11	
1972	..	..	..	2	1	6	9	
Totals ..				25	14	38	77	

## B. ROUTINE EXAMINATIONS

### 1. Periodic Medical Inspections

There was no change in the arrangements for routine medical inspection of pupils during 1972. While last year mention was made of the possibility of deferring the final medical examination a further year, consequent on the raising of the school-leaving age, this will not now be implemented. Information for the new Employment Medical Advisory Service on children not unconditionally fit for employment will be required at the beginning of the last compulsory school year necessitating school medical examinations being completed in the penultimate school year as at present.

During 1972, 4,214 children were examined. The general physical state of the school population has remained good and none of these children were recorded as of unsatisfactory physical condition. While the Department of Education and Science no longer require an annual return of the number of defects recognised at medical inspection as requiring observation or treatment the Table giving this information, on page 93, has been retained for reference.

During 1972 medical inspection of school children newly immigrant to the town was continued and this included routine tuberculin testing and B.C.G. vaccination where appropriate.

Routine urine testing for boys and girls undergoing their final medical examination was discontinued in December 1972. Further details are given in the next paragraph.



## 2. Urine Testing

During the two years 1971-72, 2,001 pupils (974 boys and 1,027 girls) had a routine test of urine in association with their final medical examination. The test was for evidence of sugar or protein in the urine and the "Uristix" method was used. While a number required re-testing no cases of renal disease or diabetes mellitus were revealed.

The pilot scheme for routine urine culture for girls at their final medical examination was also completed at the end of the year after operating for four terms. Altogether 450 girls were tested by the "Uricult" "dipslide" method. The specimens tested were those obtained for the Uristix test, i.e. fresh, but not necessarily mid-stream, and without prior cleansing of the vulva.

The culture plates were kept at room temperature and read after 24 and 48 hours. There were 360 with negative results and a further 73 with evidence of insignificant bacteriuria ( $10^3$ - $10^4$  bacteria/ml.). There were 17 girls whose test suggested significant bacteriuria on the initial screening ( $10^5$ - $10^6$  bacteria/ml.). All but one of these had a re-test on a fresh clean mid-stream specimen. The re-test was both by Uricult dip-slide and also by hospital laboratory examination. Only two of these girls were found to have evidence of urinary infection the remaining 14 showing insignificant bacteriuria. The organisms causing the two positive findings were *E.coli* in one girl and *enterobacteriae aerogenes* in the other. The remaining girl of the 17 with positive results on screening had a re-test by hospital laboratory on a specimen which was neither fresh, clean nor mid-stream. While *staphylococcus albus* ( $10^5$  bacteria/ml.) was isolated this may well have been a contaminant. The nature of her bacteriuria could not be determined however, as an antibiotic was prescribed before further follow-up was possible.

While urine testing for sugar, protein and in girls bacteriuria could have been adopted as routine procedures the returns are not great for the time expended on them. It is not just the time spent on the initial test but on any re-tests required; further early morning urine specimens to exclude the physiological postural albuminuria quite common in adolescent males, and fresh clean mid-stream specimens to identify the few cases of significant bacteriuria in girls. National experience indicates that routine testing for sugar and protein in the urine of school children is not a worthwhile procedure and accordingly this was discontinued in Preston at the end of 1972.

The fact that none of the girls identified as having a significant bacteriuria had complained of any symptoms suggests that in the absence of a screening test, diagnosis might have been delayed indefinitely with a possibility of serious permanent kidney damage. It is now generally acknowledged that a small but significant percentage of school girls have bacteriuria and that this is often associated with abnormalities of the genitourinary tract. This makes it important that when reorganisation of the child health service is undertaken this particular form of urine screening for girls should be reconsidered. Present resources of time and staff, however, did not allow it to be continued beyond the completion of the pilot scheme in December 1972. In any subsequent scheme, screening at an earlier age would be advisable.

While all routine urine testing has been discontinued selective testing of urine is still available for children of all ages with relevant symptoms or with a history of renal disease or urinary infections.

## 3. Hygiene Inspections

The incidence of head louse infestation in 1972 was somewhat below the mean for the past decade and certainly an improvement on the previous two years. Overall 7.19% of pupils were found to have evidence of infestation. The two tables on page



94 give details. The second of these tables shows that the main problem during 1972 was in girls of primary school age where 10.49% were found to have infestation. There was an improvement in the rates of infestation for both boys and girls in secondary schools with an incidence of 4.37%.

While a part-time peripatetic hygiene attendant was appointed to commence work in January 1973 the extent of her duties will be somewhat restricted because of the lack of provision of transport or a car allowance. She will attend regularly at the special schools on Moor Park to avoid the difficulty of handicapped pupils being sent out to another clinic for treatment. In addition she will attend various schools where the problem is acute.

#### **4. Routine Vision Testing**

In addition to testing of vision at the entrant, intermediate and leaver medical examination children have a screening of vision at eight and 12 years of age. The Keystone vision tester is used at these latter ages. During 1972 2,908 children were tested in the two age groups of whom 424 (14.6%) failed the test. Over the years the failure rate has not varied much. Children failing the test are referred to the eye clinic or recommended to consult their own doctors.

#### **5. Routine Audiometry**

Ideally children should have more than one screening test of hearing during their school life. In addition to a screening of hearing during the first year after school entry, further testing might be carried out at the end of the primary school period and another test at secondary school. In Preston however, it has not been possible to implement screening of hearing at these latter ages. Children aged five to six years of age are tested routinely in school by clinic nurses. Each ear is tested separately at a fixed intensity of 25 db over the frequency range of 250-6,000 c.p.s.

During 1972 1,446 children were screened of whom 153 (10.6%) failed the test. Children failing the test are reviewed by a school doctor and there were 108 of these referred for full pure-tone audiometry. Of the 95 children who attended for full pure-tone audiometry 58 were found to have normal hearing. Temporary deafness, unsatisfactory test conditions in some schools and a lack of time to deal with the unco-operative child are all relevant factors in the apparent disparity between results of screening in school and testing at clinic. There were 37 children who failed the full pure-tone audiogram of whom 36 were referred to the ear, nose and throat specialist and one was listed for re-testing in 1973. Of the 36 referred to the E.N.T. clinic 20 have been listed for removal of adenoids and/or myringotomy, six are for further review while nine were discharged as satisfactory and one has still to be seen.

### **C. OTHER EXAMINATIONS**

#### **1. Special Medical Inspections**

Further medical surveillance of school children is mainly confined to those with defects which could handicap educational progress and for deprived children who may lack normal medical care and have a home background adverse to normal development. The request for special inspection of a school child may come from parent, teacher, school nurse or social worker. The weekly visits to school by health visitor or clinic nurse attached to a school are helpful in the investigation and follow-up of problems of school children.

#### **2. Examination of Children for Employment or Residential Care**

There were 87 pupils examined in 1972 to assess fitness for juvenile employment. It is rare for a child to be found unfit.

Children are examined for freedom from infection before being received into care by the Social Services Department or before being sent on a convalescent holiday to the Craig Convalescent Home, Morecambe. This latter provision, financed by the Preston School Children's Fund, is now essentially for deprived children without any medical condition which warrants convalescence. During 1972 there were 57 boys and 64 girls sent for a fortnight's holiday to Morecambe while 45 children were examined before being taken into care. Routine nose and throat swabs for this latter group were discontinued at the end of the year it being left to the examining doctor to determine the need for the procedure in any individual case.

### **3. Training College Entrants and School Teachers**

There were 103 candidates for teacher training colleges medically examined during the year and four teachers entering employment from college.

## **D. HANDICAPPED PUPILS**

### **1. Ascertainment**

It is the aim to carry out medical assessment of children with handicaps before they start school. A pre-school handicapped register is maintained centrally so that handicapped children are classified and note made of the provisions likely to be required. Assessment, however, must continue after admission to school and indeed it is often impossible to ascertain fully the handicap of an individual child until after school entry.

While medical diagnosis must often necessarily be carried out in hospital, assessment of handicap is more appropriately carried out within the community since the provisions for handicap whether educational or social are the responsibility of local authority departments. In the planning of future services consideration needs to be given to suitable premises for an assessment centre. Assessment of handicap often involves several workers: doctors, psychologists and social workers as well as nursing and medico-auxiliary staff and also, for the child in school, his teacher.

The Table on page 95 gives details of examinations carried out by school doctors on children with expected mental retardation. The majority of these examinations concerned children who were either severely subnormal or had additional physical or social handicaps. The majority of children admitted to Sherburn School are recommended for that provision by the educational psychologist with medical screening as appropriate.

For most of the year there were only two school doctors available to carry out ascertainment of mental subnormality. However, it is hoped that in 1973 all the staff will be qualified for this work.

### **2. Special Educational Provision in Ordinary School**

If it is accepted that special education can include ordinary schooling with provision of specific training or aid then there are three groups of children to be considered: the partially hearing, those with speech defect and those who are mal-adjusted.

At the end of 1972 there were 24 children with impaired hearing who were satisfactorily placed in ordinary school with the provision of a hearing aid and appropriate positioning in the classroom. A further three children attended the partially hearing unit, Holme Slack School, which caters for up to ten partially hearing children from both the Borough and County. These three children are included in the number recorded under "day special school" in the Table on page 95.

The number of children in ordinary schools with a speech defect requiring therapy was 133 at the end of the year. Only one pupil required residential placement

because of defective speech. Further details are given in the section on speech therapy.

The Table on page 95 shows that 17 children, emotionally maladjusted, were attending ordinary school at the end of the year. Of these, nine were satisfactorily placed at ordinary school with residential care in Larches Hostel while eight were awaiting admission to a special school. During 1972 there were altogether 16 boys and seven girls with maladjustment who were provided for at Larches Hostel. Most of these attended ordinary schools but a few were given special tuition in the classroom within the hostel grounds.

For the majority of diabetic children no special educational provision is necessary and of the nine Preston school children who are known to suffer from diabetes mellitus only one required special schooling and this was because of the added handicap of hemiplegia.

### 3. Home Teaching

In the past decade an average of ten pupils has required home teaching annually in Preston. In the previous ten years the average annual figure was more than double this. In 1972 nine children required home tuition, details being given in the accompanying table. Two of the children, the girl with spina bifida and the boy with haemophilia, normally attended Moorfield Special School and required the provision for a period after hospital treatment. The remainder had previously attended ordinary school and those completing home tuition during the year returned to their schools.

Analysis of Pupils on Home Teaching — 1972.			
Diagnosis	Sex	Age (years)	Duration of Home Teaching
<b>Congenital Conditions</b>			
Bladder defect (operation) ...	F	7	8 months
Spina bifida & hydrocephalus ...	F	7	4 months
Haemophilia ... ..	M	9	Commenced October 1972
<b>Acquired Conditions</b>			
Chronic infective disease ...	M	6	Commenced February 1972
Chronic infective disease ...	F	4	3 months
Infectious hepatitis ... ..	M	11	3 months
Spinal condition ... ..	M	5	5 months
<b>Accidental Injuries</b>			
Fracture femur ... ..	M	13	8 months
Fractures both legs ... ..	M	5	Commenced April 1972

### 4. Residential Special Schools

Details of children in residential special schools are shown in the accompanying table. Figures given are those applicable at the end of the year. Of the 20 Preston children at the Royal Cross School for the Deaf only nine were residential, 12 children attending as day pupils. Of the nine children attending the Fulwood School for Partially Sighted Pupils five have attended as day pupils.



### Children in Residential Special Schools — 1972.

Category	School	Number of Preston Children
(a) Blind Pupils ... ..	Rushton Hall School, Kettering ... .. Henshaw's School, Harrogate ... ..	1 1
(b) Partially Sighted Pupils ...	School for Partially Sighted Pupils, Fulwood, Preston ... ..	9
(c) Deaf Pupils ... ..	Royal Cross School for the Deaf, Preston Royal Cross School for the Deaf, Margate	17 1
(d) Partially Hearing Pupils ...	Royal Cross School, Preston ... .. Thomason Memorial Special School, Bolton ... .. Bridge House School, Harewood, Yorks. School for Partially Hearing, Birkdale	3 2 1 1
(e) Educationally Subnormal ...	Hindley Hall Special School, Stocksfield Hilton Grange School, Bramhope, Leeds National Children's Home, Crowthorn School, Edgworth ... .. Portville R.C. School, Ormskirk ...	1 3 3 2
(f) Epileptic Pupils ... ..	Soss Moss School, Chelford ... ..	2
(g) Physically Handicapped Pupils ... ..	Kepplewray, Broughton-in-Furness ... Chailey Heritage Croft School, Lewes	1 1
(h) Maladjusted ... ..	St. Joseph's School, East Finchley ... Cotswold Chine Home School, Stroud... Bladon House, Newton Solney ... ..	1 1 2

### 5. Day Special Schools

There are now five day special schools in Preston since the Spastics' Centre, administered by the National Spastics' Society, is classified by the Department of Education and Science as a special school. While there is no routine provision by the School Health Service, medical officers are consulted regarding individual children and assessments made for possible alternative placement.

The special schools building programme is welcomed. Provision for children with marked physical and mental handicap in a special care unit of the new school to replace Elms School will be of great value.

It has long been evident that Moorfield School, when built as an open air school, was not designed for children with major physical handicaps. The alterations carried out in 1972 (under the requirements of the Chronically Sick and Disabled Persons Act 1970) have certainly helped the disabled child to move about more easily through the provision of ramps and wide easy-swing doors. More appropriate provision for these children, however, must await the building of the proposed new school to cater for physically handicapped and delicate pupils aged 2-16 years.



The lack of secondary school provision for maladjusted pupils will be met if the proposed new day special school for such pupils is implemented.

#### **Moor Park Special School Clinic**

This clinic serves both Moorfield and Sherburn Schools. The school nurse attends daily while the school doctor visits twice weekly.

#### **Moorfield School**

There were 111 pupils on roll at the end of 1972 as follows:

Boys: Delicate	32
Physically Handicapped	34
Epileptic	1
Maladjusted	1
Girls: Delicate	21
Physically Handicapped	22

Once again it may be noted that there is an excess of boys over girls in both physically handicapped and delicate categories. The figures include 22 children from the Lancashire County area of whom 16 are physically handicapped and six delicate. The figures in the accompanying table are of children admitted during the year. The term "debility" covers many conditions. In the main it refers to nervous children who have difficulty in coping in the ordinary school situation. In only two cases was it debility of nutritional origin. Of a total of 23 admissions 11 were physically handicapped. From the figures given it will be noted that approximately half of the children on roll and half of the new admissions are physically handicapped pupils.

<b>Admissions to Moorfield School in 1972.</b>									
									Number of Pupils
<b>Physically Handicapped</b>									
Burn injuries	...	...	...	...	...	...	...	...	2
Congenital dislocation hips	...	...	...	...	...	...	...	...	1
Haemophilia	...	...	...	...	...	...	...	...	2
Rheumatoid arthritis	...	...	...	...	...	...	...	...	2
Spastic quadriplegia	...	...	...	...	...	...	...	...	1
Spina bifida	...	...	...	...	...	...	...	...	3
<b>Delicate</b>									
Asthma	...	...	...	...	...	...	...	...	1
Debility	...	...	...	...	...	...	...	...	10
Minimal cerebral dysfunction	...	...	...	...	...	...	...	...	1

Shown below are the number of pupils in the school on account of selected disabilities, the figures are for the end of the year.

	Number of Pupils
Asthma .. .. .	10
Cerebral palsy .. .. .	11
Congenital heart disease .. .. .	5
Diabetes .. .. .	1
Epilepsy .. .. .	1
Haemophilia .. .. .	2
Muscular dystrophy .. .. .	6
Post poliomyelitis paralysis .. .. .	3
Spina bifida .. .. .	10

Some of the pupils from these different categories require admission to the special school at an earlier age than seven years. The Special Unit provides 10 places for such severely handicapped children between the ages of four and seven years after which they are normally transferred to the ordinary classes of the school. Altogether 15 pupils attended the unit during the year. There were four cases of spina bifida, four of cerebral palsy, two of muscular dystrophy and two of cyanotic congenital heart disease, while congenital hip disease, rheumatoid arthritis and intestinal allergy were the reasons for admission for three children. Two children transferred from the unit to Mere Oaks School for Physically Handicapped Children at Standish. One child is a resident in the Lancashire County area the other a Preston child with the multiple handicaps of heart disease, deafness and retardation for whom the unit for hearing impaired children at Mere Oaks was appropriate. One child with severe cerebral palsy was transferred to residential special schooling.

### **Sherburn School**

There is at present inadequate day special school provision for educationally subnormal pupils although it is anticipated that extra accommodation will be made available in the special school building programme. At the end of 1972 there were 133 pupils on roll at Sherburn School, all but one being Preston Borough children. Despite regular review of this provision and transfer of children to other schools where appropriate there is a waiting list of children for admission. During the year 35 children were discharged of whom ten left for employment. Details for the remaining 25 children are as follows:

	Number of Pupils			
Returned to ordinary school	..	..	..	12
Transferred to Elms School	..	..	..	4
Transferred to Residential School (E.S.N.)	..		..	2
Transferred to Moorfield School	..	..	..	1
Transferred to Moorbrook School		..	..	1
Transferred to Adult Training Centre		..	..	1
Left district	..	..	..	4

### **Elms School**

This school caters for educationally subnormal pupils with more severe mental handicap. Fuller details were given in last year's report. At the end of the year there were 61 pupils in all (32 boys, 29 girls).

At present there is no special care unit, but in the school there are a number of pupils with combined physical and mental handicap. In view of this, arrangements are being made for weekly attendance of the physiotherapist.

### **Moorbrook School**

This special school has provided day special schooling for maladjusted children of junior school age since 1970. Results have justified its existence but there is clear need for the proposed building of a secondary school for maladjusted pupils.

At the end of the year there were 39 boys and nine girls attending the school. There is regular medical and psychological review of pupils by school doctor and educational psychologist.

## **6. Employment for the Handicapped**

Careers conferences for handicapped school leavers are important. During the year such conferences were convened at both Moorfield and Sherburn Schools so that head teachers, careers officer and school doctor could discuss employment problems with parents. For appropriate cases the Disablement Resettlement Officer of the

Department of Employment or a social worker from the Social Services Department were invited to attend. In the future it is expected that valuable help will be obtained through the new Employment Medical Advisory Service. The Arca Office for this new service is to be in Preston which will facilitate liaison with the medical advisers.

Of the 11 children leaving Moorfield School during the year, one boy obtained a place at Blackpool College of Technology following success in G.C.E. examinations. There were two girls who had not obtained employment but one of these is severely handicapped by spina bifida and employment for her is unlikely. One boy required initial placement at the Adult Training Centre, the remainder either obtained work themselves or were placed in employment by the Careers Officer.

All but one of the nine children leaving Sherburn School secured employment, six of these being placed by the Careers Officer.

There were 11 boys and eight girls from all Preston schools registered as disabled persons during the year.

## E. SPECIALIST AND REMEDIAL SERVICES

### 1. Ear, Nose and Throat Clinics

Weekly sessions at Saul Street Clinic were held by both of the hospital consultants. There were 209 children referred to the E.N.T. clinics during the year, reasons for referral were as follows:

Enlargement of tonsils or adenoids	..	..	68
Diseases of the ears	..	..	12
Defective hearing	..	..	83
Other conditions	..	..	46
Total	..	..	209

Further details are given in a table on page 96.

### 2. Ophthalmic Clinics

Reduced availability of medical staff for refraction sessions resulted in a considerable reduction in the number of new cases seen for refraction at the Saul Street Clinic. Dr. Banik, assistant ophthalmologist, attended the clinic most weeks for refraction work and fortnightly sessions were held for cases of squint. Dr. Dowling, departmental medical officer, attended the clinic approximately fortnightly.

Details of the work of the eye clinics is summarised in a table on page 96.

### 3. Paediatric and Orthopaedic Services

These consultant services for the school child continued to be provided in hospital departments but good liaison was maintained during the year by the medical and nursing staff of the School Health Service.

### 4. Physiotherapy

In the main, physiotherapy provision for the school child is confined to pupils attending Moorfield, Sherburn and, latterly, Elms special schools. During the year one of the physiotherapists, Mrs. Phillips, attended Moor Park Clinic for four sessions weekly and at the end of the year arrangements were made for weekly visits to Elms School.

Mrs. Fuller, primarily engaged on domiciliary physiotherapy, was able to give breathing instructions to a number of asthmatic children by home visits and a course of group therapy at one of the clinics.



At Moor Park Clinic 48 individual children had physiotherapy during the year with 1,666 attendances. In the main these are children with neuromuscular disorders consequent on cerebral palsy, spina bifida, muscular dystrophy, poliomyelitis or cerebral injury. For these, independence in locomotion and in the necessities of life such as dressing, feeding and toileting, are the main aims of treatment. Good results have been obtained but not without the practical help of school staff and school nurse and their co-operation is gratefully acknowledged. For children with asthma, courses of breathing exercises are given.

### **5. Speech Therapy**

This service was continued throughout the year by Mrs. Webster, full-time speech therapist. There is work enough for a further therapist but advertisements have not been fruitful in securing even part-time additional help. The situation became worse in October when the Speech Therapist at Sharoe Green Hospital left with consequent transfer of children for treatment from hospital to clinic.

Eight treatment sessions weekly are held at Saul Street Clinic and two at Moor Park Clinic. To maintain good progress at the latter, however, four sessions weekly at least are required.

During 1972 a closer liaison with the Psychological Service was established. Reports from the educational psychologist are invaluable to the speech therapist in diagnosing a speech/language disorder and in planning a treatment programme. Liaison has been maintained with the health visitors and several student health visitors have observed sessions at the speech clinic. Visits to Moorbrook Special School and Stoneysgate Day Nursery were made by the speech therapist to meet teachers and give advice. Likewise an advisory visit was made to the Adult Training Centre where there is a need for speech therapy provision which of course cannot be implemented.

Meetings attended by the speech therapist during the year included those arranged by the Merseyside and Lancashire Groups of Speech Therapists in addition to the North West Areas Combined Meetings of Speech Therapists and Audiologists.

A tape library of all children seen in the clinic is being compiled with, where possible, "before and after" recordings. A new tape recorder has facilitated this task.

A survey of the children attending Sherburn School was carried out at the request of the headmaster. There were 74 boys and 64 girls seen and 44 defects were diagnosed, consisting of disorders of fluency, language, articulation and resonance. Many of the problems were slight but a number quite severe. Parental counselling could help in a few cases. Approximately 50% of the disorders will probably respond to speech therapy if this could be provided twice weekly. With the provision available, however, it was only possible to give treatment to a few cases.

Of all children referred during the year the majority had either defects of language/speech or fluency, i.e. stammering. There were four cases of cleft palate. One case was referred directly by a general practitioner, 10 were from the Lancashire or Sharoe Green Hospital speech therapists and two were referred by an E.N.T. consultant. The rest of the referrals were made by the school medical officers. Of the 81 referrals there were 10 children of pre-school age. The table on page 96 gives details of the service at the end of 1972.

### **F. SCHOOL DENTAL SERVICE**

The Chief Dental Officer, Mr. A. Kershaw, has contributed the following comments:

"It is to be hoped that under the reorganisation of the school dental service in 1974 due recognition will be awarded to the inadequate staffing position here within



the Borough. The provision of well equipped surgeries appears to be of little significance in the recruitment of staff.

Consequently, the service has again been concentrated and limited to the junior age groups. The majority of these children have been inspected and treated during the year.

Fluoridation of water supplies, in my estimation, would be an invaluable asset in the unequal fight against dental caries.

I should like to pay tribute to the Consultant Anaesthetists and the Orthodontist for their assistance during the year."

The work completed is shown in the table on page 97.

### G. OTHER PROVISION

I am grateful to Mr. G. F. Crump, Chief Education Officer, for the information contained in the following two reports:

#### 1. Physical Education

The range and scope of physical education continued to expand within the provision in schools. The availability of both plunges at Saul Street Baths during 1973 will give greater numbers of school children the opportunity to swim, priority being given to children aged 9 + and 10 + years.

The highlight of 1972 was the Preston Guild and the contribution made by nearly 3,000 children in the schools Guild Festival "Prospect of Preston". Although not a display of physical education activities children taking part gave time and effort in rehearsals and performances which produced a worthy result demonstrating the considerable physical capacities of the children.

A play centre was organised during the school holidays, opening mornings and afternoons for five weeks. The adventure playground experiment operated for a concentrated period of five weeks seven days a week and was open for 12 hours daily.

#### 2. School Meals and Milk in Schools

##### School Meals

The School Meals Service provides dinners and teas. Light mid-morning lunches are taken at Moorfield and Sherburn Schools. During the summer, 1972, 3,099 packed dinners and 185 packed teas were supplied to schools going on educational visits.

At Christmas, 1972, 8,183 party teas were provided for school parties.

A total of 62 dining centres catered for dinners during the year. A summary of three surveys carried out gives the number of children taking dinners on the normal school days:

January, 1972	..	..	..	..	11,160
April, 1972	..	..	..	..	11,099
October, 1972	..	..	..	..	11,652

The total number of dinners supplied during the year was 2,323,691 compared with 2,362,007 in 1971.

##### Milk-in-Schools Scheme

During 1972, 926,310 bottles of milk were consumed in Primary and Special Schools.

In the Autumn Term, 1972, a daily average of 4,818 bottles were supplied to pupils in Primary and Special Schools.

Six Junior School pupils were recommended to receive School Milk on medical grounds during the year.

### Defects found at periodic and special inspections.

Defect or Disease	Periodic inspections		Special inspections	
	Number of defects		Number of defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin ... ..	140	36	9	4
Eyes (a) Vision ... ..	460	130	55	43
(b) Squint ... ..	70	19	10	5
(c) Other ... ..	10	14	1	7
Ears (a) Hearing... ..	74	58	18	44
(b) Otitis Media ... ..	32	33	4	1
(c) Other ... ..	20	11	12	6
Nose or Throat ... ..	210	143	37	29
Speech ... ..	56	30	18	5
Lymphatic Glands ... ..	7	21	—	—
Heart ... ..	25	13	4	4
Lungs ... ..	82	39	15	9
Developmental (a) Hernia ... ..	9	10	1	2
(b) Other... ..	17	41	7	6
Orthopaedic (a) Posture ... ..	24	29	1	2
(b) Feet ... ..	34	47	5	2
(c) Other... ..	70	23	13	3
Nervous system (a) Epilepsy ... ..	15	8	3	2
(b) Other ... ..	39	40	2	2
Psychological (a) Development ... ..	6	107	4	18
(b) Stability ... ..	12	40	4	15
Abdomen ... ..	15	20	3	1
Other... ..	173	97	33	76
Total ... ..	1,600	1,009	259	286

School Population.								
Type of School							No. of Schools	No. on Roll
Primary	...	...	...	...	.	...	35	11,119
Secondary Comprehensive	...	...	...	...			9	6,733
Secondary Grammar	...	...	...	...	...		4	2,805
Special (Day) and	}	...	...	...	...		3	360
Special Classes (1)								
Nursery School	...	...	...	...	...	...	1	120
Total							52	21,137

Head-Louse Infestation.			
	Boys	Girls	Total
Number of examinations in schools by nurses during 1972	34,506	35,559	70,065
Number of individual pupils found to have head-louse infestation .. .. .	485	754	1,239
Number of pupils inspected 1st January – 31st March	6,856	6,503	13,359
Number of these pupils with head-louse infestation ..	363	597	960
Percentage found to have head-louse infestation ..	5.29%	9.18%	7.19%

Head Louse Infestation.						
	Secondary Schools			Primary Schools		
	Boys	Girls	Total	Boys	Girls	Total
Number of pupils inspected 1st January—31st March .. ..	1,545	1,545	3,090	5,311	4,958	10,269
Number of these pupils with head-louse infestation .. .. .	58	77	135	305	520	825
Percentage found to have head-louse infestation .. ..	3.75%	4.98%	4.37%	5.74%	10.49%	8.03%

**Medical Ascertainment  
Education Act, 1944 and  
Education (Handicapped Children) Act, 1970.**

**Children Assessed.**

							No. of Children
<b>1. Ascertained as educationally subnormal</b> ... ..							22
Recommendations:							
Sherburn Special School for E.S.N. Pupils ... ..							4
Residential Special School for E.S.N. Pupils ... ..							1
Remain at Sherburn School for E.S.N. Pupils ... ..							3
Elms Special School for E.S.N. (Mentally Handicapped Pupils) ... ..							11
Remain at Elms School for E.S.N. (Mentally Handicapped Pupils) ... ..							1
Remain at Spastics' Centre (Mentally and Physically Handicapped) ... ..							2
<b>2. Results of other assessments</b> ... ..							17
Recommendations:							
Remain at ordinary school ... ..							2
Moorfield School for P.H. Pupils (Special Unit) ... ..							2
Residential Special School for Epileptic Pupils ... ..							1
Remain at Moorfield School ... ..							6
Remain at Spastics' Centre ... ..							1
Return to ordinary school from Sherburn School ... ..							5
<b>Total</b> ... ..							39

**Disposition of Handicapped Pupils at the end of 1972.**

Classification	Special School		Home Teaching	Hospital/ Hospital School	Ord. School	Awaiting placement	Total
	Day	Resid.					
Blind ... ..		2					2
Partially sighted ... ..	5	4				1	10
Deaf ... ..	11	8				1	20
Partially hearing ... ..	8	5			24		37
*Educationally subnormal	192	11		14	8		225
*Epileptic ... ..	3	2					5
Maladjusted ... ..	50	4			17		71
Physically handicapped ... ..	52	1	3	2			58
Delicate ... ..	44	1	1			4	50
Speech Defect ... ..					132	1	133
<b>Total</b> ... ..	365	38	4	16	181	7	611
*Mentally handicapped children included under headings							
"Educationally subnormal" ... ..	53	1		14	1	8	77
"Epileptic" ... ..	2						2



### Work carried out at Speech Therapy Clinics.

	Saul Street Clinic	Moorfield School Clinic
Case Load (i.e. on review or under regular treatment) . . . . .	51	13
New Patients . . . . .	91	6
Discharges . . . . .	50	15
Total Attendances (including new patients) . . . . .	1,574	222
Waiting List at December 1972 . . . . .	22	—

### Work carried out at E.N.T. Clinics.

New cases . . . . .	211
Re-inspections . . . . .	512
Referred for treatment in hospital . . . . .	140
"    "    "    "    " clinic . . . . .	89
"    " re-inspection . . . . .	380
"    " X-rays . . . . .	19
"    " audiometry tests . . . . .	150
Deaf aid clinic... . . . .	4
Total attendances . . . . .	723
<b>Treatment—</b>	
Operative—Tonsils and adenoids . . . . .	58
"    other nose and throat conditions . . . . .	10
"    diseases of the ear . . . . .	47
Audiometry tests . . . . .	403
Attendances for treatment by Clinic Nurse... . . . .	32

### Work carried out at Ophthalmic Clinics.

New cases . . . . .	184
Re-inspections . . . . .	877
Refractions carried out . . . . .	258
Prescriptions issued . . . . .	376
Referred to Hospital (orthoptic, operative treatment, etc.) . . . . .	14
Total attendances . . . . .	1,061

### Dental Inspection and Treatment.

#### 1. INSPECTIONS:

(a) Number of pupils first inspected at school	..	..	..	4,409
(b) Number of pupils first inspected at clinic	..	..	..	202
Number found to require treatment	..	..	..	3,017
Number offered treatment	..	..	..	2,169
(c) Number re-inspected at school or clinic	..	..	..	81
Number of these found to require treatment	..	..	..	45

#### 2. SESSIONS:

Sessions devoted to treatment	..	..	..	742
Sessions devoted to inspection	..	..	..	37
Sessions devoted to Dental Health Education	..	..	..	—

#### 3. ATTENDANCES AND TREATMENT:

Visits: first	..	..	..	1,596
subsequent	..	..	..	2,845
Total	..	..	..	4,441
Additional course of treatment commenced	..	..	..	59
Fillings: permanent teeth	..	..	..	2,560
deciduous teeth	..	..	..	978
No. of teeth filled: permanent teeth	..	..	..	2,175
deciduous teeth	..	..	..	812
Extractions: permanent teeth	..	..	..	750
deciduous teeth	..	..	..	1,562
General anaesthetics	..	..	..	782
Emergencies	..	..	..	386
Other forms of treatment	..	..	..	178
Courses of treatment completed	..	..	..	1,230

#### 4. ORTHODONTICS:

Cases remaining from previous year	..	..	..	29
New cases commenced during year	..	..	..	20
Cases completed during year	..	..	..	10
Cases discontinued during year	..	..	..	5
Number of removable appliances fitted	..	..	..	28
Number of fixed appliances fitted	..	..	..	1
Pupils referred to Hospital Consultant	..	..	..	—

#### 5. PROSTHETICS:

Number of pupils supplied with dentures	..	..	..	7
Number of dentures supplied	..	..	..	9











